Sheffield Health and Social Care NHS Foundation Trust

Board of Directors – Public

Date:	26 May 2021	Item Ref:	17

TITLE OF PAPER	**Committee Activity**
TO BE PRESENTED BY	The Chairs of the Board Committees
ACTION REQUIRED	To: (1) Note the new approach that has been adopted to report upwards to Board via the 'Alert, Advise, Assure' system that has been developed; (2) Receive the activity reports from the committees following their meetings in May; (3) Receive the minutes of the meetings for formal ratification in relation to meetings held in March and April.

OUTCOME	To ensure Board is sighted on the activity of committee meetings and in particular areas it feels warranting escalation.
TIMETABLE FOR DECISION	For consideration on 26 May 2021
LINKS TO OTHER KEY REPORTS / DECISIONS	N/A
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	All
LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Provider Licence NHS Foundation Trust Code of Governance
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	As detailed within specific reports considered by the committees and detailed in the appendices.
CONSIDERATION OF LEGAL ISSUES	None in relation to this report

Author of Report	David Walsh
Designation	Director of Corporate Governance
Date of Report	24 May 2021

Proud to care in Sheffield

Sheffield Health and Social Care NHS Foundation Trust

Committee Activity

1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
	X			X	X	

2.1 Summary

The mechanism for how committees report 'significant issues' has been identified as an area for development and this has been given focus in the monthly NED meetings that now take place and arose from the NED-development work supported as part of the Well-Led Development Plan.

At its last open meeting, Board trialed a method of consolidating the previous significant issues report in an attempt to aid triangulation. While the consolidated approach was considered a step in the right direction, it was felt more still could be done to assist Board in considering a summary of information provided by committees that would place sufficient emphasis on the areas requiring focus.

The 'Alert, Advise, Assure' process has been discussed in the NED meetings and was put in place for the most recent round of meetings. It is explained below.

2.2 Alert, Advise, Assure

This methodology has been utilised successfully in other trusts and has been developed through the Chair of the Audit and Risk Committee. It involves committees considering 'significant issues' under three key categories:

- **Alert** – areas which the committee wishes to escalate as potential areas of non-compliance, that need addressing urgently, or that it is felt Board should be sighted on;
- **Advice** – any new areas of monitoring or existing monitoring where an update has been provided to the committee and there are new developments;
- **Assure** – specific areas of assurance received warranting mention to Board.

Each committee considered these at the end of their meetings and then a summary report was completed by the Chairs. These are attached as appendices to this report. The areas attracting particular focus are those under the red 'alert' headings on each page of the committee reports

As part of the ongoing development and embedding of our refreshed governance structure, consideration will be given to how this methodology can be applied to reporting groups moving forward. If considered a successful model, it will be rolled out in the coming weeks.

2.3 Mental Health Legislation Committee

This committee met for the first time in April, although for the first meeting it was focused on the establishment of the committee, how it would function, its reporting lines and its timescales. The minutes of the meeting are included for information though it should be noted they are in draft form as the committee has not yet had opportunity to approve them.

3 Next Steps

Subject to Board's comments, the Alert, Advise, Assure system will be continued and rolled out to reporting groups.

4 Required Actions

To receive the information on the new arrangements and to receive the committee reports in the appendices.

5 Monitoring Arrangements

Committees will continue to have an opportunity to offer feedback on the system through the inclusion of an item at the end of each agenda which considers the meeting effectiveness. In addition, this process has been developed through the NED meeting and will remain under review there. There are also scheduled 1:1s between the Audit and Risk Committee Chair and the Director of Corporate Governance, providing further opportunity for review.

6 Contact Details

David Walsh, Director of Corporate Governance, david.walsh@shsc.nhs.uk

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee:	**People Committee**
Meeting Date:	**11 May 2021**
Chair:	**Heather Smith**

KEY ITEMS DISCUSSED AT THE MEETING

TO ALERT (Alert the Committee/Board to areas of non-compliance or matters that need addressing urgently)

Issue	Committee Update	Assurance Received	Action	Timescale
Staff Engagement – Audit Report	The committee received the report undertaken by 360 Assurance which resulted in a 'Limited' assurance finding.	Partial	A number of specific actions had been agreed between the auditor and those responsible. Some of these had been implemented but others remained open. The committee will monitor progress	Audit actions due for completion by 30 June 2021. Committee to receive progress report in July 2021.
Update on recruitment of registered nurses	The committee received an update on numbers but recognised issues remained unresolved.	Partial	More reporting requested in relation to retention, exploration of a 'Plan B' if we can't get the numbers, and request to revisit targets.	Update in July 2021

ADVISE (Detail here any areas of on-going monitoring where an update has been provided to the Committee AND any new developments that will need to be communicated or included in operational delivery)

Issue	Committee Update	Assurance Received	Action	Timescale
Staff survey, Big Conversation, Health and Wellbeing action plan	The committee received updates on a number of significant areas of focus that it is hoped will make a difference, and agreed the work to be done in order to obtain greater assurance about impact.	Partial	Committee to continue to monitor and report upwards to Board	Reporting in July 2021 and September 2021
Long term sickness absence	From the performance dashboard, LTS absence can now be seen to be significantly lower than a year ago (SPS control chart)	Full	Committee to continue to monitor this and other HR performance measures and report upwards to Board	Next report: July 2021
Staff COVID vaccinations	We have not yet reached our target	Partial	Continued efforts being made to engage staff. Request to have detail of Bank staff rates.	July 2021

ASSURE (Detail here any areas of assurance that the Committee has received)				
Issue	**Committee Update**	**Assurance Received**	**Action**	**Timescale**
Governance Review	Confirmed addition of Equality, Diversity and Inclusion group, to report into People Committee	Partial (ToR still to be concluded)	Committee to continue to receive Governance Review updates	July 2021
Policy approval framework	Addition of Step 5 to take into account Health and Wellbeing of workforce was welcomed	Full	Now embedded	July 2021 onwards

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee:	**Quality Assurance Committee**
Meeting Date:	**12 May 2021**
Chair:	**Sandie Keene**

KEY ITEMS DISCUSSED AT THE MEETING

TO ALERT (Alert the Committee/Board to areas of non-compliance or matters that need addressing urgently)

Issue	Committee Update	Assurance Received	Action	Timescale
Safeguarding Adults	The committee received the Q3 and Q4 reports	Assurance received in relation to development of team and move to Ulysses Gaps remain around data	The committee will continue to receive quarterly monitoring reports	Quarterly as per committee schedule
Medicines Management	The committee received the Q4 report for Medicines Safety	Some gaps in relation to learning culture for controlled drugs	May necessitate advice from Counter Fraud – to be explored	Action for next meeting, quarterly reporting as per schedule

ADVISE (Detail here any areas of on-going monitoring where an update has been provided to the Committee AND any new developments that will need to be communicated or included in operational delivery)

Issue	Committee Update	Assurance Received	Action	Timescale
Firshill Rise	The committee received an update following the recent incident and inspection of the service	Assurance in relation to immediate action, while noting the need for close monitoring Further assurance sought on lessons learnt and safety of service users	Action Plan in place following CQC visit	To be update at next committee meeting in June.

ASSURE (Detail here any areas of assurance that the Committee has received)

Issue	Committee Update	Assurance Received	Action	Timescale
IPQR	The committee received the full IPQR to review as per the terms of reference	Assurance received and continued monitoring of risks	Requested plan for development of the datasets	To be advised on progress at next round of committee meetings

Improvement in committee triangulation		The committee noted improvement alignment and linking up of issues and reports which aided triangulation of information received	None	

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee:	**Finance and Performance Committee**
Meeting Date:	**13 May 2021**
Chair:	**Anne Dray as Vice Chair (Richard Mills, Chair, sent apologies)**

KEY ITEMS DISCUSSED AT THE MEETING

TO ALERT (Alert the Committee/Board to areas of non-compliance or matters that need addressing urgently)

Issue	Committee Update	Assurance Received	Action	Timescale
2020/21 Operational Financial Recovery Plans – 1. SPA/emotional wellbeing, 2. Access to recovery service, 3. OOA placements	The committee was asked to take assurance from the recovery plans and trajectories set out for improvement	Detailed action plans and trajectories in place. Monitoring of performance through IPQR.	Bimonthly updates to FPC in place	1. April 22 2. July 21 3. Dec 21
2021/22 Cost Improvement Plan	The committee was asked to agree establishment of CIP working group under AIPG with routine reporting through AIPG and BPG, and escalations via the Performance Framework to the committee. Current status - CIP Plans are significantly behind where they usually are plus £1.6m recurrent shortfall on 20/21 delivery to address	Draft CIP Working Group Terms of Reference presented, QEIA process in place, Scheme Initiation Documents and monitoring and escalation arrangements via Performance Framework	Bottom up approach by Directorates complemented by series of workstreams leading on transformation and wider organisational savings Leads to be identified for workstreams	Q1 confirm gaps Q2 outline plans 22/23 CIP Plans by 31.12.21
New Electronic Patient Record	The committee was presented with a proposed accelerated timeline for procurement of the EPR for approval	EPR Plan on a page – plan to procurement launch presented New EPR Programme Board meets monthly with oversight from Transformation Board	Plan endorsed by FPC to EPR Programme Board 14 May for approval and baseliine	Procurement Launch July 21. Exceptional process needed to achieve Board approval before 05/07
Relocation of Trust HQ	The committee was asked to consider the risks and issues in preparing a business case	That advice from NHSE+I has been taken into account in reviewing accommodation requirements, value for money and affordability. Delay in	Revision of option appraisal	Business case review at governance groups in June

		business case is partly impacted by New Ways of Working Policy completion.		
Updated Insight Risk 4121	Specific consideration was presented on the rationale for changes to the Insight risk for approval	Updated descriptions of controls provided including new tools for active monitoring of infrastructure, improved back up infrastructure, view only access to emergency insight	4 open actions with target dates to complete by 21.6.21 Risk to be monitored by Senior Managers in IMST and DIGG	21.6.21
ADVISE (Detail here any areas of on-going monitoring where an update has been provided to the Committee AND any new developments that will need to be communicated or included in operational delivery)				
Issue	**Committee Update**	**Assurance Received**	**Action**	**Timescale**
Finance Report for period ending March 2021	The monthly report was presented. The Trust ended the financial year with strong financial standing evidenced by its cash position (£62m), no debt facility and in compliance with the Better Payments Practice Code. Actual £2.483m surplus as at the end of March 21	Movement since m11 report explained	£1.6m CIP not met recurrently carries forward into 2021/22 in addition to the 2021/22 target. New CIp process has been designed to support this	See CIP plan above
2020/21 Contract Income Update for Q4	Performance risks in relation to contracts with long waiting times were highlighted to the committee	Schedule of contracts > £200k RAG rated for signature, finance and performance	Revised formats to update Trust on income contracts linked to ongoing work on the performance frameworks	quarterly
2021/22 Financial Plan	The Committee approved the financial plan prior to its submission on 24 May 2021. Additional ICS potential sources of funding described.	Trust not expecting to be operating at a deficit – all ICS partners expecting to submit a balanced plan. Financial plan highlighted key issues for awareness	Board to note	24 May 21
Transformation Portfolio Report	The committee was presented with the monthly report for April including risks to delivery	Project milestones for all programmes. 4 programmes on track, Leaving Fulwood and some People Plan workstreams have slipped, Therapeutic Environments Programme at risk of slippage	Business case for Fulwood to BPG and FPC in June	June 21

ASSURE (Detail here any areas of assurance that the Committee has received)				
Issue	**Committee Update**	**Assurance Received**	**Action**	**Timescale**
Directorate Performance reviews Feb 21	Reviews received	Feedback and summary of outcome received		
Review Board Assurance Financial Risks	3 BAF risks relating to IT infrastructure, delivery of a break even position and a new risk delivery of the organisation's transformation projects were reviewed	That two closed risks from 2020/21 are carried forward in the IT infrastructure and break even position BAF risks for 2021/22		
FPC annual review of effectiveness	Draft Report considered	Committee agreed draft	Review committee workplan in light of effectiveness review	July 21
FPC Annual report into Audit and Risk Committee	Draft Report considered	Committee agreed draft	To go to Audit Committee	July 21

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee:	**Audit and Risk Committee**
Meeting Date:	**18 May 2021**
Chair:	**Anne Dray**

KEY ITEMS DISCUSSED AT THE MEETING

TO ALERT (Alert the Committee/Board to areas of non-compliance or matters that need addressing urgently)

Issue	Committee Update	Assurance Received	Action	Timescale
KPMG Value for Money Audit Plan	The committee received the plan as part of the annual report preparations	The report noted that risks had existed at the start of 2020/21 and in coming to its final position, the VFM risk assessment would need to consider to what extent they had persisted through the year.	To be updated by KPMG	In line with ARC meeting arrangements
Internal Audit Progress Report	The committee received updates on two completed audits relating to Physical Health and Strategic Risk Management	The Physical Health report offered limited assurance	To be referred to Quality Assurance Committee The committee also requested that the process for ensuring internal audit reports receive full committee review be explored	By next scheduled ARC meeting in June
Head of Internal Audit Opinion	The committee received the HOIA which was not expected to change, offering a moderate opinion	It was noted that moderate was a higher opinion than limited, but fell short of the significant opinion aspired to	HOIA summary included in AGS as part of annual reporting	For final approval at extraordinary ARC on 9 June 2021
Annual Governance Statement	The committee received the AGS for 2020/21	It was noted that the AGS declared there had been significant control gaps in 2020/21	To be submitted as part of annual reporting	For final approval at extraordinary ARC on 9 June 2021

ADVISE (Detail here any areas of on-going monitoring where an update has been provided to the Committee AND any new developments that will need to be communicated or included in operational delivery)				
Issue	**Committee Update**	**Assurance Received**	**Action**	**Timescale**
Counter Fraud draft Government Counter Fraud Functional Standard Return May 2021	The committee were advised on new standards which were being applied from April 2021	Although SHSC did not meet all the new standards, it was noted that this was the case at all trusts due to the mechanism being used. It is acknowledged that the returns for 2021 will represent a baseline measurement for the work required during 21/22	Measures have been put in place by 360 Assurance to ensure compliance for 2021/22	31 March 2022
Review of committee effectiveness	The committee finalised itsself assessment.	The committee recognised an area for improvement in relation to the implementation of decisions and actions	To be taken into account in development of work programme	June/July 2021
FTSU Self Assessment	The committee received the complete draft self-assessment combining the work undertaken at a Board Development Session and that completed by the Executive Team	The committee was assured of the process to reflect on the findings with staff groups and would continue to monitor	The FTSU Working Group to agree detail of reflective work with staff before reporting back to ARC and Board	Reflective work by end of June 2021 Final presentation to ARC and Board in July 2021
Board Assurance Framework	The committee received the draft BAF for 2021/22	The committee agreed the risks, subject to noting the BAF was incomplete at this time as it was still being developed	Final and complete BAF to be presented to Board	26 May 2021
ASSURE (Detail here any areas of assurance that the Committee has received)				
Issue	**Committee Update**	**Assurance Received**	**Action**	**Timescale**
Policy Governance Annual Report	The committee received the annual report	The committee was assured that the processes had been effective in 2020/21 and commended that all policies had been up-to-date from December 2020 to year end		
Register of Interests/Register of Hospitality, Sponsorships and Gifts	The committee received the annual report	The Committee received assurance on how the Register of Interest policy was being applied	In respect of the Register of Hospitality, Sponsorship and Gifts information was to be shared following the meeting	21 May 2021

ITEM 3a, 25-03-21
UNCONFIRMED

Sheffield Health and Social Care NHS Foundation Trust

People Committee

Minutes of the People Committee meeting held on Thursday 28th January 2021, via teleconference

Members Present:

Heather Smith	Non-Executive Director (voting) (HS) – Chair of Committee (the Chair)
Anne Dray	Non-Executive Director (voting) (AD)
Rita Evans	Director of Organisational Development (non-voting) (RE)
Caroline Parry	Executive Director of People (voting) (CP)
David Walsh	Director of Corporate Governance and Board Secretary (non-voting) (DWa) (part)

Apologies:

Beverley Murphy	Executive Director of Nursing, Professions & Operations (voting) (BM)
Brendan Stone	Associate Non-Executive Director (voting) (BS)
Karen Dickinson	Head of Education, Training and Development (KD)

In Attendance:

Sarah Bawden	Deputy Director of People (SB) (part)
Jane Barton	Clinical Lead for Listening into Action and Staff Engagement (JB)
Fleur Blakeman	Improvement Director (FB)
Debbie Creaser	Deputy Clinical Lead for Staff Engagement (DC)
Michelle Fearon	Service Director (on behalf of Beverley Murphy) (MF)
Wendy Fowler	Freedom to Speak Up Guardian (for item 10) (WF)
Fiona Goudie	Clinical Director Strategic Partnerships (for item 4) (FG)
Jo Hardwick	Senior Manager Strategic Partnerships (for item 4) (JH)
Aimee Hatchman	HR Systems and Workforce Information Manager (for item 13) (AH)
Peter Isebor	Clinical Psychologist / Staff Network Chair (for item 12) (PI)
Liz Johnson	Head of Equality and Inclusion, Bank and eRostering (LJ)
Pat Keeling	Director of Strategy (PK)
Helen Payne	Director of Estates (for item 5) (HP)
Simon Wheatley	Organisational Development Business Partner (for item 12) (SW)
Helen Walsh	PA to Executive Director of People (minutes) (HW)

Welcome and Apologies

The Chair, Ms Heather Smith welcomed members to the meeting and provided an overview of the purpose of the Committee which includes providing assurance back to the Board on key items, not limited to; the People Strategy OD Strategy and Health and Safety. The Chair noted that a break had been factored into the agenda, and also that the meeting had been extended by 30 minutes, on this occasion, to allow debate on additional items.

Apologies were received from: Mr Brendan Stone, Non-Executive Director (voting), Ms Beverley Murphy, Executive Director of Nursing, Professions & Operations (voting) (Michelle Fearon in attendance for Beverley Murphy)

Min Ref	Item	Action
1/01/21	**Declaration of interests** No declarations of interest were made.	
2a/01/21	**Minutes of the meeting held on 25th November 2020** The minutes of the meeting held on 25th November 2020 were agreed as an accurate record.	
	i. Case management – training for managers **Action bfwd (minutes 23-09-20 pg.7) – Mrs Bawden to provide an update to Committee on the training for managers. Noted for March 2021 agenda.**	SB

Proud to care in Sheffield

	ii. Joint report: Supervisions, Staff Survey, Training, sickness etc It was agreed at the June 2020 meeting that a report would be provided to Committee regarding the definition of what 'good' would look like and what 'outstanding' would look like so that we know what to aim for, and what the measures are, and to triangulate our data i.e. the feedback from supervisions and the outcomes of the staff survey, outputs from training, attendance, sickness. The Committee Chair requested that this formed the core of a future report to this Committee. **Action bfwd (minutes 25-06-20 pg.7-8) – Ms Linda Wilkinson to provide a report to Committee. Noted for March 2021 agenda.**	LW
	iii. Fair and Just Culture **Action bfwd (minutes 14-07-20 pg.7) – Mrs Bawden to provide more information to Committee on how we are supporting front-line managers to implement this cultural shift and a reflective report on whether the new Unacceptable Behaviours Policy is having an impact. Noted for March 2021 agenda.**	SB
	iv. Workforce Disability Equality Standard **Action bfwd (minutes 25-11-20 pg.7) – A further update on WDES required at the July meeting to include more assurance relating to measures of progress and highlighting of links with other People Strategy themes. Noted for July 2021 agenda.** **28-01-21 UPDATE - Ms Johnson and the Chair agreed to confirm this action outside of the meeting.**	LJ HS
People Strategy		
3/01/21	**People Strategy Delivery Plan progress report** Committee acknowledged receipt of the report which seeks to provide assurance to members that progress is being made against the People Strategy Delivery Plan and aligned to priority service and transformation objectives and our response to the NHS People Plan for 2020/21. Ms Parry presented this item and reported that this is the first time Committee has received a progress update since it was launched in September 2020 and as such much progress has been made as highlighted in the report. Overall, there isn't a huge achievement on some of the KPIs but it is recognised that these KPIs will take some time to see the impact on. We should be able to report soon if any of our interventions have had an impact in these areas. For example; we have received early indications from the Staff Survey but the full results are embargoed at present. Ms Parry added that there is a slight decrease in our sickness absence levels and a slight downturn in our turnover rate, which is encouraging but still recognise there is more work to be done to understand which are the hotspot service areas. Ms Parry also noted that there has been a huge amount of work on Staff Health and Wellbeing which Debbie Creaser reported on later in the agenda, particularly about our online Health and Wellbeing Festival in November 2020. Work on Health and Wellbeing continues across the ICS System too, including the development of a Wellbeing Hub which our Trust are very much involved with. There has been progress in the recruitment of our Band 6 and Band 7 nurses which Michelle Fearon reported on in more detail later in the agenda. Our actions are having an impact but it still leaves us with a gap in our Band 5 nurse provision, so work continues to improve the situation, to attract more staff into the organisation for these posts and movement of existing staff into these roles.	

	A lot of new role development has taken place and continues to take place as well as work on workforce planning. The aim is to develop a model that is clinically driven which will look at our establishments / targets across the Trust on a monthly basis instead of annually, which is when we are required to report our data to NHSe/i. There have also been some developments in terms of leadership culture as well as a lot of work on our Unacceptable Behaviours Policy implementation and training which is going well and positive feedback has been received. This was primarily driven by the bullying and harassment sessions with staff, Staff Side and Management Side. We are in the early stages of building on our leadership development framework. More detail to follow in the coming weeks. In summary Ms Parry reported that we are making good progress against milestones, considering the impact of the pandemic on workstreams, and additional support for staff, but recognise there is more work to be done to measure the impact of all of our interventions, and report back to Committee. Following observations from Mrs Dray, Ms Parry replied that successes to note are; improvements to our recruitment processes and the Trac.jobs recruitment management system will be ready to go live in the next few weeks – for which a project lead has been identified. This piece of work developed following the Nurse Rapid Recruitment project. Other successes include; our continued work with the Staff Network Groups (development of the People Strategy and input to take forward some of the actions), and also the Staff Health and Wellbeing initiatives such as the online Health and Wellbeing Festival in November which responded to need and was positively received, but early evaluation indicates that it didn't reach all staff as we thought it might do, which is disappointing but are looking at other ways we can reach staff to alert them to initiatives that might be beneficial to them. In terms of resource provision, the People Directorate are involved in Business Planning discussions and have put forward a number of mandates which are being considered, including; maternity leave cover for the HR Systems and Workforce Information Manager, developments for eRoster, ESR Self Service, short-term support in the Recruitment Team whilst Trac.jobs becomes embedded and to provide continuity whilst the whole structure of the People Directorate is under review, and the model adopted going forward. Trust-wide Communications are planned to inform staff of developments with the Strategy and the actions and initiatives arising from the Delivery Plan including Organisational Development. Mrs Bawden reported that work is ongoing to determine a proposal for agile working and how that fits with the changing needs of the organisation since the pandemic. Key to this piece of work are the latest options for leaving Fulwood and other capital discussions. In terms of Health and Wellbeing Mrs Bawden added that we are mindful that we don't always capture everything that is provided by our Trust and must also ask what else staff like to be able to access – such as a physical health and wellbeing check (before making that investment). Mrs Bawden added that organisational change affecting our staff is increasing. There are a number of change projects under consideration at present, particularly in clinical areas. The OD Team are assisting with the impact of such change on our staff. Ms Blakeman added her observations about; the re-tendering of the Trust's Physio Contract (PhysioMed or A N Other), how we will ensure staff have the discipline to use the eRostering system, and, in terms of needing resource to run the old recruitment system alongside Trac.jobs, that the Trust's preference may be to consider productivity savings rather than investments at this stage. The Chair and Ms Blakeman thanked Ms Parry and Mrs Bawden for a concise report. For the next report to Committee, <u>the Chair requested a strategic overview of each of the areas of concern against the areas that are working well.</u> **<u>Noted for July 2021 agenda.</u>**	CP SB

4/01/21	**Employment and Vocational Support** Ms Fiona Goudie and Ms Jo Hardwick joined the meeting to present this item and the following was noted. Committee acknowledged receipt of the report which seeks to provide assurance of our Trust's performance in line with Centre for Mental Health Fidelity requirements for Individual Placement Support. Ms Goudie provided Committee with an update of the work of Employment and Vocational Support within the Trust which is very much in-line with the NHS Long-term Plan expectations that we delivery evidence-based employment support as a core part of our mental health services. Additional money has been provided by the ICS to fund Employment Support Workers within three of our clinical teams i.e. our recovery teams and our early intervention and psychosis team. Also, additional money from Public Health England to deliver a similar service in our Substance Misuse Service. The report outlines the Key Performance Indicators as required by NHSe/i as well as the Service User story. Ms Goudie added, that given the pandemic, we are doing well in terms of outcomes. The main additional purpose of presenting this paper to Committee is to highlight where NHSe/i expect us to report. Because this is new work and new types of roles there's an expectation that there is Board level oversight, for the first 12 months, of the performance and delivery of this service in order for us to be accredited as an excellent provider of employment support. We are required to provide a six-monthly report through a Board-level sub-Committee and appoint an Executive Sponsor. The Chair and Ms Parry confirmed that People Committee would receive a six-monthly report, prior to Board members receiving the same report for information, and that Ms Parry, Executive Director of People, will be the Executive Sponsor for this project. Ms Parry added that it fits with the Workforce Transformation section of our People Strategy in terms of new role development and that Ms Hardwick is part of our Workforce Planning and Education Group. FG stated that we have an internal Employment and Vocational Committee which was previously Chaired by Julie Edwards, former Director of Allied Health Professions and is now Chaired by Jo Hardwick until a new head of Allied Health Professions is appointed and embedded. It is proposed that this group will coordinate the work and deal with challenges as they arise as well as coordinating other developments in relation to employment and vocational activity in our Trust going forward. Following a query from Mrs Dray, Ms Goudie confirmed that our Trust are working in partnership with Sheffield City Council on the project. Ms Goudie joint Chairs, with Laura Hayfield, Head of Employment and Skills at Sheffield City Council, the City's Health Employment and Support sub-Group which reports into the Employment and Skills Board. There are many other services that our Service Users access but this is the only evidence-based intervention which demonstrates clear benefits for people with serious mental health concerns. The Chair welcomed such a positive and interesting project and asked that future reports indicate how we are going to embed the process once the start-up funding ceases. FG confirmed that the CCG have already signed a commitment to provide minimum level funding but would be happy to provide Committee with our intentions after that and where it sits within the current workforce structure. Following a query from Jo Hardwick regarding the content of future reports, the Chair confirmed that, Committee would like to receive assurance that our interventions are having an impact, how the project will be embedded, and future vision. Ms Hardwick agreed to discuss with Ms Parry / Ms Dickinson in the first instance. **Action – Ms Hardwick to meet with Ms Parry / Ms Dickinson as outlined above. Noted for July 2021 and January 2022 agendas**	JH (CP, KD)

Health and Safety		
5/01/21	**Revised Health and Safety Quarter 2 Report** Ms Helen Payne joined the meeting to present this item and the following was noted. Committee acknowledged receipt of the revised Quarter 2 report which seeks to provide assurance that Health and Safety and Fire Safety processes are in place, being audited regularly and the data from which is being utilised to influence service improvement. The Chair reminded Committee members that the previous Quarter 2 report, received in November, raised a number of concerns, in particular, fire safety, which were escalated to the CEO / Executive Team, following which a prompt and positive response was received from H&S colleagues. The Chair added that she was impressed by the way it was handled and welcomed the revised report which is much clearer and provides the assurance required by Committee. Ms Payne thanked the Chair for her helpful explanation and apologised for any unwarranted alarm or concern due to how the previous version was written. Ms Payne added that it is just the Fire Safety element of the report that has been re-written, the Health and Safety aspect remains the same. Ms Payne also sought to provide further re-assurance to Committee regarding the programme of work to replace fire doors, in order of prioritisation, throughout the Trust (starting with our Adult Acute Inpatient wards). An order has been placed for a large quantity of fire doors, that will not only address fire safety concerns but address additional concerns such as being anti-barricade, having anti-ligature features etc. They will be the most up-to-date, mental health specific inpatient services type doors that we can obtain, and are expected to be delivered by the end of March 2021. There is a demand for these doors from most mental health Trusts in the Country. Mrs Dray and Ms Parry thanked Ms Payne and commended colleagues for the speed of action, following concerns raised at the last meeting, and Committee now felt more assured about the replacement of the fire doors. Ms Payne commended our ward staff, who are continuing to work extremely hard to manage the risks of smoking and smoking materials into inpatient accommodation, which has significantly reduced the number of fire setting incidents that have occurred. However, the Quarter 3 report, to be received by Committee in March, will highlight a minor incident on our Burbage ward. No people were harmed by the incident and the damage to the environment was minor and has been remedied. Following a question from Mrs Dray about the length of time between the first door being fitted and the last door being fitted, Ms Payne confirmed that she and H&S colleagues are working up a plan and agreed to include this detail in the Quarter 3 report. Ms Keeling informed Committee that the Terms of Reference for the Health & Safety Committee are being revised, and a Health and Safety Manager has been appointed and will commence in role in March 2021. Committee noted that the Health and Safety Report for Quarter 3 would be expected at the meeting in March. **Noted for March 2021 agenda.**	HP
People Strategy theme: Health and Wellbeing		
06/01/21	**Feedback on the online Health and Wellbeing Festival** Mrs Debbie Creaser joined the meeting to present this item. Committee acknowledged receipt of the report which seeks to provide assurance to Committee on progress and future plans, and obtain views and input from members. Following feedback from staff, the online Health and Wellbeing Festival was developed. During the early stages of the pandemic it became clear that we needed to improve the health and wellbeing offer for our staff.	

	The Staff Engagement Team, reporting to the Staff Health and Wellbeing Group, developed a wide and varied programme of online sessions throughout November 2020 focussed on prevention and intervention, mostly delivered by our staff. Mrs Creaser added that it was a real privilege to hear from staff to share their learning and maintain their wellbeing while gathering rich information and data to support further improvement. Evaluation from the festival shows that the impact was positive but we know that more can be done, especially around the engagement of staff to ensure communications reach everyone. One of the recommendations is to embed health and wellbeing into the culture of our organisation so that it becomes the norm as part of everyone's working day. Staff that took part in the sessions welcomed the dedicated focus on their health and wellbeing. Part of next steps will be to form a Health and Wellbeing Staff Network Group with an emphasis on reaching more staff and understand the barriers that previously prevented staff form being engaged with it. The festival delivered over 300 hours of online sessions (most of which are still accessible online) but the aim is to deliver many more sessions via similar festivals over the next few years. Other areas include improving our health and wellbeing hub and other resources. The Extranet (our new intranet) will assist with ease of access of information. The team also want to develop key enablers and supportive guidance for staff who have been working remotely and may continue to work remotely to some degree even after the pandemic. Mrs Creaser added that we are awaiting confirmation about receiving a crisis grant which will enable us to progress with the plan of work. Ms Parry thanked Mrs Creaser for excellent work coordinating the festival. Ms Parry added that the Staff Health and Wellbeing Group will take forward some of the recommendations with a focus on the areas that have really made a difference to people. Over 100 staff joined the online sessions. The interest in the sessions can be improved upon given we have approximately 2,500 staff in our Trust. There is also more work to do around wellbeing conversations and quality of PDR discussions – ensuring that staff have health and wellbeing objectives, for example. Mrs Dray suggested that there may be opportunity to run online sessions jointly with another local Trust, Council or other partner, which would maximise potential numbers. Mrs Creaser welcomed this suggestion and noted for future planning. Mrs Evans reflected on the Leaders Call held recently where it was suggested that a Leaders Network Group is developed, in addition to standard diaried meetings, where this group of staff can have 'open' space to connect with each other. The Chair thanked Mrs Creaser for a positive piece of work and concluded that the health and wellbeing of our staff is extremely important and welcomed further updates from the Staff Health and Wellbeing Group in order to provide assurance to the Board that we are making positive strides to improve the health and wellbeing offer for our staff. **Further updates from the Staff Health and Wellbeing Group noted for May, September 2021 and January 2022 agendas.**	CP, SB, RE, DC
People Strategy theme: Recruitment and Retention		
7/01/21	**Update on Registered Nurses Recruitment Plan** Committee acknowledged receipt of the slides, presented by Ms Fearon, on behalf of Ms Beverley Murphy, and the following was noted. • AFE = Actual Funded Establishment [how many staff we should have in post] • WTE = Whole Time Equivalent [how many staff we actually have in post] • Significant progress has been made regarding successfully appointing to our Band 6 Registered Nursing vacancies in our Acute Care settings. As at January 2021 we have only one vacancy. In total 28 new nursing colleagues have been appointed into our Trust and 50 internal appointments. This is positive news but it has left us with a challenge around the gaps in our Band 5 nursing establishment. • Also appointed a Peripatetic Ward Manager who will provide cover in our Inpatient settings.	

	• Also, undertaking a Clinical Establishment Review (to be embedded on a bi-annual basis). The review looks at our patient demand, patient acuity, and taking into account environmental factors to determine our AFE (Actual Funded Establishment). The results of the review might conclude that we need to consider a different skill mix or have more or less of a certain Band. • Ms Fearon added that we have successfully recruited to our crisis services particularly in Single Point of Access (SPA), Decisions Unit and Liaison. • In our Community Mental Health Teams we are implementing targeted recruitment throughout the year (twice yearly campaigns that reach all of our core mental health services). • In Older Adults (Woodland View and Birch Avenue) the vacancy percentage is high at 37%, however MF confirmed that this figure is slightly distorted, given there are bed closures and that these areas haven't yet had their Clinical Establishment Review. Following a query from Ms Keeling, Ms Fearon explained the bed occupancy rates and confirmed that these areas are meeting their safer staffing levels every shift. • In our Primary and Secondary Care settings the vacancy rate has gone from 44%, down to 1% and back up to 35%. Following a query from Ms Keeling, Ms Fearon confirmed that we are undertaking targeted recruitment as we expand our Adult Home Treatment Team which means we are losing staff from our Secondary Care Teams to our new Adult Home Treatment Team. Following a query from Mrs Dray about entrance interviews, Ms Parry explained that we are paying attention to this area of need and added that we have something in place called on-boarding which involves participation across the Trust, as well as a Day-one Ready Programme focussed on ensuring that new staff are ready and set-up for their first day and have an induction plan in place. Ms Fearon added that our brand-new Band 5 nursing recruits have a dedicated support programme – for the first 12 weeks a senior experienced nurse works alongside them. Ms Parry thanked Ms Fearon for the report and the work that has taken place with HR colleagues to reach this stage. Following a query from Ms Parry, Ms Fearon confirmed that the work of the Rapid Recruitment Team is now embedded into teams. The Rapid Recruitment Team still touches base, it has a programme for the year which schedules every single recruitment activity that will support and complement what teams are doing themselves. Panels are in place and the process is coordinated by Clinical Services and HR. The Chair concluded that she is unable to provide full assurance to the Board about the true extent of the gaps in our staffing. <u>The Chair asked for more clarity around the Actual Funded Establishment in the next report to Committee (i.e. numbers we have against numbers we should have), and clear statements indicating what are areas are doing well and also where the problems are.</u> **Action – Ms Fearon, or colleague, to provide more clarity in the next report to Committee as noted above.**	BM MF
People Strategy theme: Workforce Transformation		
	Noted for a future agenda – likely May / July 2021.	
People Strategy theme: Leadership and Talent		
	Noted for a future agenda – March 2021.	
Organisational Development		
8/01/21	**Organisational Development Enabling Strategy - draft** (1st iteration 23/09/20 and verbal update 25/11/20) Mrs Evans presented this item. Committee welcomed receipt of this 2nd iteration that seeks to provide assurance to Committee that considerable progress has been made in the delivery of the 2020-2021 OD priorities. The aim is for the Strategy to be launched from 1st April 2021.	

	The Strategy builds on the progress around our current OD priorities. Since the last version was shared the key pieces of work have been; further co-creation with staff, Service Users and key stakeholders, as well as alignment with the developing Health and Social Care Strategy, our People Strategy, our strategic aims, other core strategies and plans within our Trust, and the NHS People Plan. Also aligned with the Staff Survey findings from 2019, and what we know of the 2020 Staff Survey findings so far. Also aligned with outcomes from our Big Conversation initiative and particularly how this aligns with the cultural areas of the Strategy. Mrs Evans added that the title of the strategy at present is – 'OD Enabling Strategy' which aligns with our Trust strategic approach. The title could change but for now that is the holding title. Three main areas on the Committee agenda today all relate to the OD Enabling Strategy: Staff Experience and Engagement; the Big Conversation and Health and Wellbeing. Mrs Evans informed Committee that, at the heart of this enabling strategy, is the model of change we want to implement. The real opportunity in all of this work is helping to connect with each other at an emotional and human level [as well as the business / corporate / transactional level] which supports health and wellbeing. It will build momentum and traction in these areas, as well as supporting the Trust Leadership Development Programme. Ms Parry thanked Mrs Evans for the report and confirmed that she and Mrs Evans have discussed regularly the overlap of the OD Enabling Strategy with the People Strategy and NHS People Plan. Ms Parry also confirmed that, between now and end March, the OD Team are working on the priorities whilst looking ahead to the overarching 2021-2022 People Strategy Delivery Plan. It will be important to determine who will take forward each element to avoid duplication with elements of the People Strategy, and use capacity efficiently. Following a question from Mrs Dray, Mrs Evans clarified that there will be a detailed Delivery Plan / Plan on a Page [as part of the final version of the Strategy] highlighting each of the core programmes of work that underpin each of the priorities, to provide assurance to Committee of the key actions and timescales. Mrs Evans has also been discussing this with Ms Keeling in order to capture visually the alignment with other Trust Strategies / priorities. The Chair thanked Mrs Evans and colleagues for the report and appreciated the time and work involved to get it to this stage and commented on how well the content is articulated. Following a further comment from the Chair, Mrs Evans agreed that the alignment with the Equality, Diversity and Inclusion element of the People Strategy needs to be made much clearer in the final version of the OD Enabling Strategy. Ms Johnson agreed that some of the detail in her report, that was presented to Committee in November, should be explicitly outlined in the OD Enabling Strategy. Committee noted that the final version of the OD Enabling Strategy would be expected at the meeting in March, ahead of the Strategy being effective from the 1st April. **POST MEETING NOTE: Delivery Plan noted for March 2021 agenda instead of the final version of the Strategy.**	RE
9/01/21	**Staff Experience and Engagement Framework – first draft** Jane Barton joined the meeting for this item. Committee members acknowledged receipt of the report that seeks to provide the following for assurance – The draft Staff Experience & Engagement Framework is evidence based and robustly draws on a wealth of established research. The Framework seeks to align the evidence base with the wealth of staff feedback collected within the Trust, (including NHS Staff Experience Survey) in order to produce a meaningful Work Delivery Plan, which is both realistic and deliverable. The Framework aligns with other Trust strategies and priorities e.g. Organisational Development, People Strategy. Ms Barton reported that the Framework aligns with one of our key Organisational Development priorities: "To increase Staff Engagement and Experience" and triangulation of feedback from staff. The report further outlines the development of sustainability plans around	

	staff engagement work within the Trust, and the move away from Listening into Action as a model, which the Trust has been working to for 18 months to 2 years. The contract expires soon. Mrs Evans pointed out that the Framework is underpinned and consistent with existing models such as NHSi tools, Michael West, Kings Fund, NHS Constitution etc. Ms Parry added that the report outlines the engagement opportunities in our Trust. Another opportunity is via the Governance Review which includes review of the engagement groups that sit underneath People Committee. This will help create a focus for the engagement agenda, ensure a consistent approach and enable us to review any areas of work that aren't having an impact. It will be important to engage with our stakeholders in the development of the Framework / metrics and particularly with our senior leaders at their scheduled meeting next week. The Chair thanked Ms Barton for a first draft that will ultimately help us triangulate engagement with everything else on the People Committee agenda. Whilst Committee felt unable to be assured that we currently have good staff engagement it was assured that there is a robust plan in development. The Chair asked to see in a future report what good staff engagement looks like in order to establish how close we are to achieving good staff engagement and areas that need further work. **Action – Mrs Evans and Ms Barton to note the above for a future report to Committee, and to provide the final version of the Staff Engagement Framework to Committee in March. POST MEETING NOTE – Staff Survey update to be received in March instead of the final version of the Engagement Strategy.**	RE / JB
Equality, Diversity and Inclusion		
10/01/21	**Freedom to Speak Up** Ms Wendy Fowler joined the meeting for this verbal item and the following headlines were noted. • Freedom to Speak Up have been included in the Engagement and Audit Review which will be provided to the Audit and Risk Committee. There are a number of recommendations for FTSU particularly about sharing of information and ensuring that timescales are robust. Ms Fowler has also recommended that she meet with David Walsh and other key stakeholders on a monthly basis to review concerns raised and ensure they are responded to in a timely manner and share learning. • Ms Fowler is also working with Phil Jonas to consider how we can learn from cases that involve racism. It has been established that each case should be considered with fairness whether related to racism or not. • Following receipt of a FTSU concern about flexible working, Ms Fowler has been working with HR to formalise flexible working arrangements for staff which were previously only acted upon by the discretion of managers. • The Trust's culture champions are being trained, over the period of one year which involves introducing them to FTSU and sessions on organisational change and the Unacceptable Behaviours Policy. The aim is to have cultural ambassadors in 60% of our teams by the end of Aug 2021. • We will review our Trust's Freedom to Speak Up Policy against the one from NHS England when they publish their new one in the next few months. • Ten FTSU concerns were raised last quarter which is just over half the amount raised in the previous quarter and with eight concerns received already in January alone it is difficult to determine what the reasons are for the fluctuating numbers. The Chair thanked Ms Fowler for her verbal update, and asked that Committee receive a regular briefing particularly about the learning aspects and how this can be embedded Trust-wide. **Action – Ms Fowler to provide a briefing to Committee to coincide with production of the quarterly FTSU reports. Noted for May, July and November agendas.**	WF

11/01/21	**Gender Pay Gap report as at 31st March 2020** Ms Johnson presented this item. Committee acknowledged receipt of the report that seeks to provide assurance that our Trust complies with statutory requirements for gender pay gap reporting and for Committee to be appraised of the review of our organisational gender pay gap for general publication on the National Government website at the end of March 2021. Ms Johnson reported that the main focus of our GPG report is consideration of our medical and senior roles in the Trust i.e. non-Agenda for Change bands. Our GPG generally reflects the same as other NHS organisations and other organisations in the City of a similar size. There is some further detailed work to be done in terms of medical pay which Ms Johnson is pursuing with Mike Hunter, Medical Director and Helen Crimlisk, Deputy Medical Director. We have also significantly improved the pay gap in our Clinical Excellence Awards. Ms Parry welcomed receipt of the report which, although it indicates that our GPG is similar to other Trusts, there are some recommendations that we need to pay attention to, some of which are contained in the People Strategy Delivery Plan. The Chair confirmed that Committee are assured of our Trust's compliance with reporting requirements for Gender Pay set out in the Equality Act 2010 and concluded that broadly speaking, there is a pay gap and there is still work to do. Committee noted that the report will now be provided to Trust Board in March before publication at the end of March.	
12/01/21	**Big Conversation - Everybody's Business, background and progress report** Committee members acknowledged receipt of the report for background and progress update. Mr Simon Wheatley, OD Business Partner and Mr Peter Isebor, Clinical Psychologist / Staff Network Chair joined the meeting and shared an impactful slide presentation with music. Committee members thanked Mr Wheatley and Mr Isebor for a powerful presentation. The Chair particularly welcomed the 'anti-racist' message that was clearly expressed in the presentation. Following a question from Mrs Dray, Mr Wheatley replied that one of the blockers preventing us from achieving co-creation is that our usual ways of working don't allow for co-creation as a method of performing but there is optimism for change. Mr Isebor added that being neutral about racism is the same as perpetuating it. It needs to be embedded at every level of the organisation and pulled into the mainstream. Following a question from Ms Keeling about reference to 'fairness' when dealing with Freedom to Speak Up cases, including racism, as opposed to calling them what they are, Mr Isebor agreed and added, for example, that our Trust policies don't refer to things in plain terms which leads managers to use their own interpretation / discretion which can make it more difficult to make a decision about something. <u>The Chair suggested, in terms of the direction of the FTSU approach, that someone speak to Wendy Fowler about this.</u> <u>Mrs Bawden agreed to follow this up with Ms Fowler.</u> Ms Johnson referred to the changes being made to improve Trust culture and our Equality and Diversity training, and provided examples of change, such as, becoming an anti-racist organisation. A further example was explained regarding our policies not making reference to asking if someone is ok following a racist remark being made towards them. Mr Isebor concurred with this and pointed out that busy managers will rely on our policies for guidance at stressful times so it is important that our policies are written accordingly and comply with our Trust values. Ms Parry thanked Mr Wheatley and Mr Isebor for presenting this important piece of work and added that it links with the improvements to our Unacceptable Behaviours procedures [following publication of the new policy], as well as the Just and Learning culture initiative and the refresh of our Trust values. Committee members were assured that we have credible methodology in place and have made good progress to date with this; with the ultimate aim of tackling systemic and direct racism within our organisation.	SB

	It was further acknowledged that this programme of work is aligned with the aims of the 2020-2023 People Strategy and OD Enabling Strategy, specifically the OD priority: "To shape our culture and enable organisational transformation." **Action – It was agreed that further updates would be provided to Committee.** **Noted for May, July and September 2021 agendas.**	SW, PI
Performance Monitoring		
13/01/21	**HR Performance Dashboard** Committee acknowledged receipt of the report. Ms Hatchman presented this item and the following was noted. - The data dashboard did not show any significant movement since the last report. However, the increasingly high rate of vacancies in Estates and Ancillary staff was noted as well as the upward trajectory of casework. A report on both of these was requested for the next meeting. - The top three areas with the highest number of absence occurrences in December were: Birch Avenue, Woodland View and Burbage Ward. The Chair said she would escalate this to Beverley Murphy. - The overall turnover rate has improved compared to last year and the nursing rate has improved. However, the turnover rate for Estates and Ancillary has increased as has their sickness levels, and their PDR rate is the lowest. AH suggested that the vacancy rate is changed from a percentage to Whole Time Equivalent which should make the data more meaningful. The Chair asked Ms Hatchman to report next time on turnover over the past 12 month period to establish if we are retaining staff beyond 1 year. Following a query from the Chair, Ms Parry reported that HR are exploring the reasons behind the high numbers of casework. Following a query from Ms Blakeman, Ms Hatchman confirmed that the high rate of 'coughs, cold and flu' isn't COVID because there is a separate robust mechanism for recording COVID related absences, via the eRostering Team.	AH HS AH
General Governance		
14/01/21	**HR Policies** **Assurance document from Policy Governance Group** Mr Walsh reported that the Policy Governance Group met on 14th December 2020 and 11th January 2021 and approved the following policies, noted below.	
	a. DBS Checks Policy and Procedure Test 1 – The policy had been developed in response to issues identified during the most recent CQC inspection, and a specific action which was required for completion under the resulting Back to Good programme. Details included the three-yearly checks and arrangements for the payment of initial checks by employees and re-checks by the organisation. PGG was satisfied that the development of the policy had given full consideration to the best practice and expectations following the CQC inspection. Test 2 – PGG noted that the consultation with Trade Unions had resulted in changes around the payment arrangements, and that this had resulted in the Back to Good action being previously extended to ensure that the outcome of the consultation could be completed. Test 3 – No direct training required except ensuring that members of the team who would be dealing with checks were aware of the arrangements, and this was assured.	

	Test 4 – Audit arrangements were included within the detail of the policy, including audit at recruitment and at re-checking stages, with quarterly monitoring also taking place. Committee members ratified the recommendation from PGG to approve the DBS Policy.	
	b. Disciplinary Policy – extension to review date Committee members ratified the recommendation from PGG in relation to extending the review date of the Disciplinary Policy to 31-05-21.	
	c. Engagement & Development for Short Term Cover Policy – extension to review date Committee members ratified the recommendation from PGG in relation to extending the review date of the Engagement & Development for Short Term Cover Policy to 31-05-21.	
	d. Personal File Management Policy – extension to review date Committee members ratified the recommendation from PGG in relation to extending the review date of the Personal File Management Policy to 28-02-21.	
	e. Personal Relationships at Work Policy – extension to review date Committee members ratified the recommendation from PGG in relation to extending the review date of the Personal Relationships at Work Policy to 30-04-21.	
	f. HR Policy status Committee received the list of HR policies that indicates the status and review date of each policy. All Board sub-Committees receive the list of policies attributed to them. Executive Leads are also provided with an update on a regular basis which provides a good indicator to policy authors when to commence consultation in order to meet the various stages of the Policy Governance Process, before expiry of the policy review date. It was agreed to escalate for information that PGG had noted a higher proportion than normal of requests to extend being brought before it, as opposed to policies for approval. The majority of these were within the remit of the People Committee. The group explored the reasons for this and found a strong rationale in each instance, so felt the decisions to extend were justified. Nonetheless, the fact there had been an increase was noteworthy and it was felt that Audit and Risk Committee and People Committee should be assured that this had been noted and challenged. The Chair added that she felt that the majority of the impending review dates could have been anticipated and factored into objectives in order to complete the policy governance process without the need for extensions. Ms Parry confirmed that HR receive a detailed list of policies that is shared with authors on a monthly basis so they can plan ahead, however, Ms Parry said that she would revisit this with HR SMT and authors, to improve going forward.	CP
15/01/21	**Corporate Governance Review update**	
	Mr Walsh presented this item and the following was noted. Committee acknowledged receipt of the report which seeks to update Committee on the progress of our Trust's governance structure review, being undertaken by Julie Houlder, external consultant. The report proposed a revised governance structure for approval (with the exception of Joint Consultation arrangements which are the subject of further work) relating to areas falling under the People Committee. Once the revised governance structure is agreed, detailed work will be undertaken with each group to confirm purpose, remit, membership and reporting	

	arrangements and embed good governance practice and standardised documentation. Action Plans will be produced for each group, working with the relevant chair and administrative support. This will include helping to identify where further work is required to implement best practice governance support. A programme of training sessions and wider support to report authors in ensuring an assurance focus for committee reports has been delivered and authors will continue to be supported to ensure that revised ways of working are embedded. The Leadership Development Programme will also be expanded to develop the skills of Chairs and members of the governance groups. Mrs Evans reported that it is important to emphasise that we are aiming to ensure that Chairs create a psychologically safe environment that is collective, inclusive and compassionate. Mrs Evans also confirmed that 'Listening into Action' is now referred to as Staff Experience and Engagement. Committee accepted assurance provided by the engagement of members/leads of the groups reporting to People Committee in the review of governance arrangements. Committee approved the proposed governance structure below People Committee. Committee accepted the detailed work that will be undertaken to embed good governance practice and standardised documentation and accepted that further work will take place to review Joint Consultation governance arrangements. It was further noted that the governance review action plans once agreed, will be taken forward by each group, with exceptions to progress reported to People Committee as part of routine reporting. <u>A further update will be prepared for the next People Committee meeting to provide assurance on progress and highlight any issues arising.</u> **Action – Further update noted for the March agenda.** <u>Staff Network Groups and Engagement Groups</u> Following a query from Ms Johnson about clearly defining what we mean by Staff Network Groups and Engagement Groups, Mrs Evans agreed to discuss further with Ms Johnson and Mr Walsh as necessary. Mrs Evans also added that the governance structure is hierarchical in terms of where the Staff Network Groups sit, which goes against the essence of the Staff Network Groups. Ms Parry confirmed that the next phase of the review will involve the Chairs of each group meeting with Julie Houlder to assist with fine-tuning the terms of reference for each group and how they are presented within the structure. **Action – Mrs Evans agreed to feedback to Julie Houlder the importance of clearly articulating the definition of the Staff Network and Engagement Groups and how these groups are presented within the structure.**	DW RE
16/01/21	**Board Assurance Framework and Corporate Risk Register**	
	Committee acknowledged receipt of the reports. <u>Board Assurance Framework</u> Mr Walsh presented this item which, following consideration by Committee, seeks to provide Board members with opportunity to review the latest iteration of the existing Board Assurance Framework (BAF). Mr Walsh confirmed that the overall assurance rating hasn't changed. In addition, Committee members were also asked to consider draft BAF risks and controls that would be more appropriate for the People Committee to utilise to measure assurance, with the aim of including them in a revision of the Board Assurance Framework. These new risks have been considered in the context of the People Strategy, which is fundamental to describing priorities which fall within Committee's remit. The four new risks are proposed for development and broadly relate to: 1. staff health and wellbeing; 2. recruitment and retention; 3. workforce planning; and, 4. leadership and culture.	

	Following consideration of the report Committee members approved the most recent updates to the BAF and also the new BAF risks. The Chair and Ms Parry agreed that Mr Walsh work with colleagues to present the next Committee agenda in such a way that clearly defines which risks members should be seeking assurance on. <u>Corporate Risk Register</u> Mr Walsh presented this item which seeks to provide Committee with assurance that we have a Corporate Risk Register in place that assures us that corporate risks are regularly reviewed, monitored and managed. Mr Walsh confirmed that there aren't any changes to the overall scores although there are minor changes to the controls and measures taken. Mr Walsh also highlighted a technical glitch with Ulysses, in terms of risk 4409, which will be remedied prior to the report reaching Board. Ms Blakeman referred to risk 3831 pertaining to Staffing which could be updated following the item presented to Committee earlier in the agenda, and also, risk 4223 which Mr Walsh agreed is due to be refreshed following receipt of the revised Quarter 2 Health and Safety report. Mr Walsh added that Amber Wild has been appointed as Deputy Board Secretary who will assist in ensuring that updates reach the CRR more quickly.	
For information ***(to include audits etc by exception where appropriate)***		
1701/21	**Joint Consultative Forum briefing**	
	Ms Parry reported on the following highlights from the Joint Consultative Forum (JCF) - • The last meeting of JCF took place on 27th January 2021. • JCF members reflected positively on the progression of the forum and the opportunity for discussion and debate. • Staff Side members highlighted concern regarding staffing and turnover levels. Whilst the retention levels of nurses appear to be improving it had been noted that there are still areas of the Trust with poor retention rates. • It was also noted that, whilst the casework numbers are improving there is still more work to be done to reduce the number of cases. • JCF were also presented with a report indicating the number of change processes in our Trust, and the fact that these are following our new Organisational Change Policy which was co-developed with Staff Side. It will be important to reflect on each change project to ensure the policy is achieving the intended impact. • It was important to note that, whilst HR are the conduit for various processes, it is the responsibility of all staff to recognise, implement and embed improvements where necessary. The Chair thanked Ms Parry for the update and asked that Committee consider 'Recruitment and Retention' on it's next agenda, to primarily understand the gaps in our staffing and where improvements can be made to address this. **Action – 'Recruitment and Retention' noted for the March 2021 agenda.** **POST MEETING NOTE – 'Recruitment overview and 'Retention' noted for the May agenda.**	CP
Any other Business		
18/01/21	**To note any other business within the scope of the Committee's Terms of Reference**	
	No further business was noted.	

19/01/21	**Evaluation / Annual Planner**	
	a. Confirmation of Significant Issues to March Board • Committee were fully assured by the revised Quarter 2 report from Health and Safety managers about Fire Safety. They were satisfied that issues identified at the last meeting had been addressed and/or clarified and agreed to redact the previous report. • Committee acknowledged progress regarding Nursing Recruitment, although substantial issues are still apparent at Band 5 in particular. However, the Committee were less assured about the true extent of gaps in our staffing (for example on the older adults team) and Committee asked that the next report includes a briefing on our establishment data (staff numbers we have against staff numbers we should have). • Committee remain concerned by the extent of staff engagement and the questions this raises but were assured regarding the robustness of plans for the Staff Engagement Strategy, Big Conversation and Organisational Development. All three of these initiatives have now progressed to operational plan stage and the Committee asked for updates on progress to be scheduled for future meetings for assurance purposes. • Committee were assured that the Gender Pay Gap report met statutory responsibilities for reporting and noted that the gender gap in Clinical Excellence Awards for medical staff has narrowed. • The data dashboard did not show any significant movement since the last report. However, the increasingly high rate of vacancies in Estates and Ancillary staff was noted as well as the upward trajectory of casework. A report on both of these was requested for the next meeting. • Committee acknowledged the progress that continues to be made regarding the Governance Review and were assured by the outline governance structure for Committees and Groups that sit underneath Board. • Proposal to add 'staff voice' to the beginning of People Committee agendas. • For Board awareness: a report was received on progress with Employment and Vocational Support for service users, in accordance with the requirements of this externally funded project.	
	b. Determine meeting effectiveness Committee members reflected positively on the meeting and acknowledged the wide range of topics presented for discussion. The Chair added that she would like future agendas to include a 'staff voice' at the start of each meeting where appropriate. This could be a representative from the Staff Network or Engagement Groups or Staff Side representative. **Action – the Chair agreed to consider this for the next agenda.**	HS
	c. Confirmation of dates for People Committee meetings in 2021-22 Committee members noted that the dates for 2021-22 will be sent out as diary invitations in due course. Mr Walsh reported that it is the intention that People Committee meet every two months going forward.	
	d. Key agenda items for the March 2021 meeting of Committee Committee received the Annual Planner for information.	

HS CHECKED 12-03-21

Date and time of next meeting:

Thursday 25th March 2021, 2.30pm-4.30pm

via teleconference / Fulwood House

Apologies to: Helen Walsh, PA to Executive Director of People

Helen.Walsh@shsc.nhs.uk

ITEM 2a, 11-05-21
UNCONFIRMED

Sheffield Health and Social Care NHS Foundation Trust

People Committee

Minutes of the People Committee meeting held on Thursday 25th March 2021, via teleconference

Members Present:

Heather Smith	Non-Executive Director (voting) (HS) – Chair of Committee (the Chair) and NED H&WB Lead
Anne Dray	Non-Executive Director (voting) (AD) and NED EDI Lead
Rita Evans	Director of Organisational Development (non-voting) (RE)
Beverley Murphy	Executive Director of Nursing, Professions & Operations (voting) (BM) (part)
Caroline Parry	Executive Director of People (voting) (CP) (part)
David Walsh	Director of Corporate Governance and Board Secretary (non-voting) (DWa)

Apologies:

Karen Dickinson	Head of Education, Training and Development (KD)
Liz Johnson	Head of Equality and Inclusion, Bank and eRostering (LJ)
Pat Keeling	Director of Special Projects – Strategy and Estates (PK)

In Attendance:

Sarah Bawden	Deputy Director of People (SB)
Jane Barton	Clinical Lead for Listening into Action and Staff Engagement (for item 11) (JB)
Fleur Blakeman	Improvement Director (FB) (part)
Aimee Hatchman	HR Systems and Workforce Information Manager (for item 13) (AH)
Sue Highton	Staff Side Chair (for item 1) (SH)
Helen Payne	Director of Estates (for item 4) (HP)
Linda Wilkinson	Director of Psychology (for item 8) (LW)
Helen Walsh	PA to Executive Director of People (minutes) (HW)

Welcome and Apologies

The Chair, Ms Heather Smith welcomed members to the meeting and introductions were made.

Apologies were received from:
Karen Dickinson – Head of Education, Training and Development, Liz Johnson – Head of Equality and Inclusion, Bank and eRostering, Pat Keeling – Director of Special Projects – Strategy and Estates.
It was noted that Brendan Stone, Non-Executive Director is no longer a member of this Committee.

The Chair described the new trial layout of the Committee agenda which seeks to address the relevant Board Assurance Framework risks alongside each item.

Min Ref	Item	Action
1/03/21	**Staff Voice** The Chair welcomed Sue Highton, Staff Side Chair to the meeting. Ms Highton thanked the Chair for the invitation to speak at Committee and, during discussion, the following was noted - Staff Survey - Results disappointing but reflects how staff are feeling. It is clear there is more work to do to address areas of concern. Staff need to know that they are free to have their say and are being listened to - Affects the health and wellbeing of our staff which ultimately affects the users of our services. Staff need to be part of changes. Two-way ownership - Staff Side to be part of early discussions to address change and to be fully informed in order to feed back to staff positively - Heads of Services are holding monthly online meetings with their Clinical Directorate Staff. Our Communications Team are ensuring these are well publicised to maximise attendance. The Chair suggested that this model should be replicated across all services - Staff Side have met with the Engagement Team to discuss the issues raised by the Staff	

	Survey results and how to address them. Work will continue and report back to Committee.	
2/03/21	**Declaration of interests** No declarations of interest were made.	
3a/03/21	**Minutes of the meeting held on 28th January 2021** The minutes of the meeting held on 28th January 2021 were agreed as an accurate record.	
3b/03/21	**Matters arising / Action Log** The Chair confirmed that all actions contained in the minutes are recorded in the Action Log. The following matters arising / brought forward actions were noted and comments on the Action Log itself to be taken forward as follows – The leads for each action should provide a target date to the Committee administrator and any additional comments should be added to the 'Updates' column.	
	i. Listening into Action / Staff Engagement The Trusts Engagement Framework and engagement model - first draft received by Committee in January. **Action bfwd (28-01-21 pg.9) – Final version proposed for March agenda and a report to indicate what good staff engagement looks like in order to establish how close we are to achieving good staff engagement and what areas need further work.** **UPDATE 25-03-21 Item superseded by the Staff Survey Report. Staff Engagement report outstanding. Noted for May 2021 agenda.**	JB
	ii. Workforce Disability Equality Standard **Action bfwd (minutes 25-11-20 pg.7) – A further update on WDES required at the July meeting to include more assurance relating to measures of progress and highlighting of links with other People Strategy themes. Noted for July 2021 agenda.**	LJ
	iii. OD Enabling Strategy and Delivery Plan The Trust's OD Enabling Strategy – draft previously received by Committee. An update from the January meeting indicated that receipt at Committee of the final version of the Strategy would be superseded by the Delivery Plan – noted for March agenda. UPDATE POST JANUARY MEETING – verbal update on Delivery Plan to be received at the March meeting, item 10 below.	
Health and Safety		
4/03/21	**Health and Safety Report Quarter 3** Committee acknowledged receipt of the report which seeks to provide assurance to members that Health and Safety and Fire Safety processes are in place, being audited regularly and the data from which is being utilised to influence service improvement. Ms Helen Payne attended the meeting for this item and the following was noted. Currently one moderate rated risk regarding the potential for fire caused by the users of our services smoking. A great deal of work by clinical services is continuing, with specialist support. There is also a risk to the health and safety of staff and others, due to the lack of access to a Back-Care Adviser. However, since producing the report, an appointment has now been made, pending the usual reference checks. Ms Payne added that Anita Winter has reported to the Health and Safety Committee that, despite the vacant post, work has continued with our manual handling training, pending the candidate's start date. The Back-care and Manual Handling Policy will be updated in due course to reflect that the Trust does now have a Back-care Adviser.	

	Following a query from Mr Walsh about why this risk had changed from Amber to Red, Ms Payne replied that she would ask the Health and Safety Adviser, Charlie Stephenson and report back to Committee as soon as possible. Following a further query from Mr Walsh, Ms Payne explained that the expectation of someone new in post to turn the risk from red to green in a short space of time will be managed appropriately at induction with help and support from relevant colleagues to achieve improvement as soon as is reasonably practicable. The report also reminds us about the fire, safety regulatory requirements and more Importantly the fire remedial action plan. No fire setting incidents in Q3, which indicates that the remedial steps taken to mitigate the risk are having a positive impact. However, there was a minor fire incident in January (Q4) on Burbage Ward and the environment was restored into use within a couple of working days. Continue to progress the replacement of fire doors. Completion of refurbishment of our Dovedale 2 area at Michael Carlisle Centre will be to current regulatory standards (including fire doors), which will be followed by Burbage Ward in May 2021, and other areas. Our new Health and Safety Manager, Samantha Crosby joined the Trust last week, from Sheffield Children's Hospital. Samantha will be assisting the H&S Team in developing the Annual Statement of Health and Safety Compliance. The statement and evidence should be available for sharing with Committee soon to provide assurance for sign-off by our CEO. The Chair thanked Ms Payne for the report but explained that she was not fully assured by the report and asked to see trajectories in the next report, for example around arson attempts. The Chair also requested an explanation of the Red, Amber, Green ratings. Is the rating a reflection of the work of the H&S Team or a Trust compliance rating? The Chair agreed to Ms Payne's suggestion of meeting with Samantha Crosby to establish how the report could be better presented in future to provide assurance to Committee. **Action – Ms Payne to arrange, via HW, for Samantha Crosby to meet with the Chair.** **Action – Ms Payne to ask the H&S Adviser, Charlie Stephenson the reason for escalating the Back-Care Adviser risk from Amber to Red, and report back to Committee.** **Action – Ms Payne to ask the Health and Safety Manager about the Annual Statement. Action brought forward from the November meeting.**	HP (HW) SC, HS HP (CS) HP (SC)
People Strategy theme: Health and Wellbeing		
5/03/21	**Trust Staff COVID Vaccination briefing** Committee acknowledged receipt of the report which seeks to provide assurance to members that steps are being taken to ensure the safety of staff and service users amidst the COVID-19 pandemic. Ms Beverley Murphy presented this item, and the following was noted. 79.8% of our frontline and clinically vulnerable staff have now had their 1st vaccination. 2nd dose vaccinations are in the process of being administered either via our Fulwood Hub or our partners. Analysing areas / teams where take-up is low and staff groups / individuals that may find it difficult to take time out or have declined the vaccine. Consistent with national themes, the groups of staff who have been less likely to want the vaccine are BAME staff and women of child-bearing age. In addition, one of our Care Homes, where a staff member sadly passed away due to the pandemic, has a high number of staff who, currently, do not want to be vaccinated. **Action – Ms Murphy to provide a progress update at the next meeting of Committee.** **Noted for May 2021 agenda.**	BM
People Strategy theme: Recruitment and Retention		
6/03/21	**Update on Registered Nurses** Committee acknowledged receipt of the slides which seek to provide assurance to members that steps are being taken to mitigate the risks associated with nursing vacancies.	

	Ms Beverley Murphy presented this item, and the following was noted. Band 5 nurses are our greatest vacancies. Also, an acute issue in our North Recovery Team with nursing vacancies at Band 6, which have now been successfully recruited to, resulting in a knock-on effect for the Band 5s. Some patients awaiting care-coordinators during this process. A report to Quality Committee provides assurance in how this has been managed. Had success in recruiting to our Band 6 and 7 nursing vacancies – acute environments. This includes some of our Band 5 nurses progressing into a higher role. In terms of quality of care, assurance is provided to Committee that we have a good leadership structure in these environments. Reporting on a day-to-day basis any staffing needs that aren't filled. Ms Murphy and Mr Hunter, Medical Director produce a weekly quality report. Evidence shows that we aren't relying on Preceptorship Nurses in the way we previously have, and we routinely have more than one Registered Nurse on duty, and therefore we aren't needing to ask Ward Managers to step down to meet that number. However, there is a gap in assurance in that we don't optimise the use of eRoster, which means we don't easily have the oversight on numbers. The monthly Quality and Performance Reviews seek to bridge that gap in assurance. Following a query from Ms Blakeman about safer staffing Ms Murphy confirmed that cross-cover is used from other areas where their vacancy rate isn't so high. The data is contained in the monthly Quality and Performance reports, as well as daily dialogue which is held locally. Following a query from Mrs Dray, Ms Murphy explained that all vacancies are being recruited to. The Executive Team receive a fortnightly report that indicates how many vacancies are in the process of being filled, out to advert, at reference stage etc. The Chair suggested that the narrative from these reports would be useful for the next report to People Committee. Following an observation from the Chair about Birch Avenue having only 50% of its Band 5 nurses in place, Ms Murphy explained that the triangulation of data can often present a helpful but unduly worrying picture. Inpatient numbers at Birch Avenue are low - a high number of beds at Birch Avenue have been vacant for some time. **Action – Ms Murphy to provide more detail / narrative in the next report to provide assurance to Committee.** **Noted for May 2021 agenda.**	BM
People Strategy theme: Workforce Transformation		
7/03/21	**Clinical Establishment Review progress** Committee acknowledged receipt of the report which seek to provide assurance to members that steps are being taken to mitigate the risks associated with the gaps in staffing. Ms Beverley Murphy presented this item, and the following was noted. - We are benchmarked as having the highest number of Registered Nurses per ten acute beds and it is similar across our other services, compared to anywhere else in the Country. - We also have other resources not part of the benchmarking number that indicate on paper that we are using our resources predominantly in our Inpatient services rather than Community services. The review of clinical establishment should help address this apparent imbalance. - NHS England have provided guidance regarding skill-mix decisions and timescales. Early indications show that the reviews will need to take place over a longer timeframe than originally anticipated, and will involve our Community services not just Inpatient services. - The review will impact a large number of teams and will be handled sensitively.	

People Strategy theme: Leadership and Talent		
8/03/21	**Supervisions** Committee acknowledged receipt of the report which seeks to provide assurance to members that progress is being made with the action plans in relation to Supervision following the Care Quality Commission issuing of a Section 29a Warning Notice, post the Well Led inspection of the Trust in February 2020. Ms Linda Wilkinson presented this item, and the following was noted. During the past 12 months we have improved the compliance, quality, impact and monitoring of Supervisions Trust-wide with the aim of having a positive effect on the care we provide. We increased the recording requirement to a minimum of 8 Supervisions although it is advised that all staff have a Supervision at least once every month. Staff are able to see their own Supervision Record online as well as the record of any Supervisions they undertake in their capacity as Line Manager / Superviser. - The new Supervision Policy was introduced in July 2020 and a number of workshops took place, alongside a survey and formal training. Following a query from Ms Parry, Ms Wilkinson indicated that, in addition to staff embracing the newly convened Superviser Network, the up take of the training and workshops is also extremely encouraging and has been positively received by staff at all levels of the organisation. More workshops planned in April and May 2021. - CCG funding was also achieved in order to be involved in a project called The Thinking Exchange provided by the University. This model creates an environment and opportunities for staff to come together in safe supportive spaces to think/reflect in pairs. A combination of approaches is proposed so that we can train and support as many staff as possible. - We have been able to monitor the progress of teams ongoing and praise the efforts of staff who have significantly improved take-up (average current compliance of 8 Supervision recorded is 70%). We have also provided support to other teams who have found it more difficult to improve take-up. The trajectory position indicates that we will achieve our target of 80% for a minimum of 8 recorded Supervisions for all staff by July 2021. - Following a query from Ms Murphy, Ms Wilkinson reported that there is a gap in assurance due to challenges with some of the ESR data which currently prevents us from monitoring the standards set out in the policy and the distinction between the data of clinical and professional teams, but there is a manual work-around and aim to improve reporting by adjusting the fields on the Supervision form. Early indications show that out of 5 we are probably positioned at a 3 in terms of the quality of Supervisions at present. - The Chair thanked Ms Wilkinson for her report and asked for data on the quality of Supervisions to be included in the next report to Committee. **Action – Ms Wilkinson to include data on the quality of Supervisions in the next report to Committee.**	LW
9/03/21	**Just and Learning Culture** Committee acknowledged receipt of the report which seeks to provide assurance to members that the implementation of Just and Learning Culture actions and other process improvements are making a positive impact. Mrs Bawden presented this item, and the following was noted. - Often referred to as Just and Fair Culture. - Mersey Care are the trailblazers of this project and research carried out by the NHS indicates a positive link between the restorative approach to the Just and Learning Culture and quality of patient safety. Baroness Harding also undertook a review which provided very clear actions for Trusts to follow. We have therefore been reviewing all of our casework during the past 12 months to ensure compliance with those actions. - We are making progress in reducing case numbers and are getting much better at managing cases effectively and, in conjunction with Staff Side colleagues, identifying any blockers that are preventing a case from concluding or reaching the next stage.	

	- Introduced decision making check points which is assist in determining whether a case needs to be escalated to a formal process or not. - The number of cases peaked during 2020 because of the COVID pandemic and evidence shows that these are now reducing. Mrs Bawden stated she would provide themed analysis of ongoing casework numbers to a future meeting of Committee in order to better describe the individual experiences of staff involved in cases and the learning points. - Ongoing challenges include using a manual system for recording cases which is prone to data quality issues. A business case is in the pipeline for an electronic solution which will improve our ability to provide much more detailed reports. - Mirroring the national position, we know that our BAME colleagues are disproportionately represented in formal processes. Mrs Bawden and Ms Parry met with RCN colleagues yesterday regarding their Cultural Ambassador Training Programme which was extremely impressive. Cultural Ambassadors support people who take part in formal processes. - We haven't yet obtained data from other Trusts in which to benchmark ourselves against, but the aim is to reduce our case-work numbers to a target of 25, and sustain that, which we are confident will be achievable. - Following a query from Mrs Dray, Mrs Bawden confirmed that 2.8% of our 420+ staff who identify as BAME are currently part of formal processes. Mrs Bawden agreed to include a comparator against other staff in the Trust who are in processes, in the next report. - Following an observation from Ms Blakeman, Mrs Bawden explained that we are prioritising review of cases that are 30 weeks old or more. Some of these are investigations that haven't concluded. Mrs Bawden confirmed that any formal process should be concluded within 22 weeks as per Trust policy. Mrs Bawden also confirmed that some cases are stalled because a person is involved in more than one process. Our analysis reflects the number of processes which, in some cases, could involve the same person across multiple processes. - Ms Murphy confirmed that she and Mrs Bawden are undertaking a piece of work to produce data for inclusion in the monthly Integrated Quality and Performance Reports which will help ensure we keep on top of any internal blockers, via our Heads of Service. - Ms Parry added that the casework number are also provided to the Joint Consultative Forum which ensures that Staff Side are also kept up to date with the length of cases and can assist with bringing them to a timely conclusion. The Chair was also pleased to note that the BAME Staff Network Group are involved in the review of cases. Mrs Bawden agreed to mention this piece of work in the next report to Committee, and to also, on The Chair's recommendation, introduce monthly targets. - Following a further query from Mrs Dray, Mrs Bawden confirmed that there are currently eight suspended members of staff. Mrs Bawden agreed to include this data in the next report to Committee. **Action – In the next report to Committee, Mrs Bawden to include; monthly targets, comparison of data between BAME staff and other staff, who are also part of formal processes, data regarding Suspensions, and the involvement of the BAME Staff Network Group.**	SB
10/03/21	**OD Enabling Strategy Delivery Plan** The Chair confirmed that it was too early to receive the physical delivery plan at the moment. Mrs Evans presented this verbal item, and the following was noted. - The OD Enabling Strategy itself is almost finalised following recommendations when the draft was shared at the January meeting of Committee, need to add the overall delivery plan. Some progress has been made but more work to do with regards to inter-dependencies, the Governance Review, Trust strategic priorities and aligning with other People Strategy themes that overlap with the OD Strategy. - Building on plans already in place for each of the five priorities. Culture, leadership, talent, team effectiveness, staff engagement. - Looking to adopt the NHSi Culture and Leadership Programme. Plans are in place to commence the discovery phase of the programme. - Activity is taking place regarding the Trust Values refresh. Item in Connect this week inviting all staff to comment, and team briefings over the next couple of weeks.	

	- Been providing practical leadership development support and team support, notably the Service Delivery Group. - Looking towards working with Beverley Murphy and core team with Fleur Blakeman, regarding the Athena team development tool. - Working at a local level with Team Leaders in response to the Staff Survey results. - Progressing Phase 3 of the Big Conversation project. - Will be in a position to provide an overall operational delivery plan for the next meeting of Committee in May, however, following a query from Mrs Evans about the OD Enabling Strategy being presented at Board, Mr Walsh confirmed that the Trust's Strategy will be received by Board in May followed by other strategies. The Chair asked that Mrs Evans and Mr Walsh discuss outside of the meeting whether People Committee should receive the final version of the OD Enabling Strategy alongside the operational Delivery Plan ahead of Board receiving both, or PC to just receive the delivery plan. **Action – Mrs Evans and Mr Walsh to discuss whether Committee should receive the final version of the OD Enabling Strategy alongside the operational Delivery Plan ahead of Board receiving both, or PC to just receive the delivery plan.**	RE, DW
11/03/21	**Update on Staff Survey** Committee acknowledged receipt of the report which seeks to provide assurance to members that the staff survey results have been received, interpreted, and disseminated widely within the Trust and that an approach to support leaders and teams to take action is being implemented. Ms Barton attended the meeting to present this item, and the following was noted. - Since production of the report, Ms Barton confirmed that the Engagement Team had met with Staff Side and Trade Union Representatives to discuss their feedback on the Staff Survey data. Staff Side welcomed this approach and are keen to work with us. - Following a query from Ms Blakeman, Ms Barton replied that we are already working on achieving a higher response rate to future NHS Staff Surveys by staff taking ownership of the survey at all levels of the organisation. We also had significant system challenges this year in getting the Staff Survey out to everyone, which we envisage won't be an issue next time. Ms Barton added, that demonstrating to staff that positive changes have been made as a result of the survey will be key to improving the response rate next year, in addition to having Staff Side on-board. - Following a further observation from Ms Blakeman, and recommendation from the Chair, Ms Barton agreed to provide Committee with analysis of the data at service level, where able to do so, alongside narrative. Following a question from Mrs Dray about pulse checks in-year, Ms Barton replied that there are a number of initiatives under consideration that can be put in place before the next Staff Survey is circulated. Ms Parry added that there are national considerations underway to offer a quarterly pulse-check. Qualtrics Surveys / focus groups etc could be put in place to support this in the interim. Ms Barton added that some teams are doing their own pieces of work and Mrs Evans reported that Team Leaders have approached the Engagement Team because they want to be proactive in achieving a better Staff Survey outcome in future. **Action – Ms Barton to provide Committee with analysis of the Staff Survey data at service level, alongside narrative. <u>Noted for May 2021 agenda.</u>**	JB
Performance Monitoring		
12/03/21	**HR Performance Dashboard** Committee acknowledged receipt of the report. Ms Hatchman attended the meeting to present this item and the following was noted. - Our sickness absence rate is on a positive downward trajectory. - The top three **r**easons for sickness remain the same as previously reported i.e. Anxiety/stress/depression/other psychiatry illness; Infectious Disease (COVID); Cold, Cough, Flu.	

	- Headcount, turnover and vacancies – nothing statistically different to last month, however, the report indicates that nursing vacancies = 81.14 WTE. This is different to the ESR data received on the nursing report due to how our Finance Department code the establishment data. A large piece of work is underway with the Workforce Information Team and Finance to address this. - The Chair observed that Trust turnover is slowly on the rise, 12% compared to 11% last time, and percentages at Birch Avenue appear to be high in a couple of risks areas such as sickness, vacancies etc. Following a suggestion from the Chair that HR colleagues explore Birch Avenue in more detail, Ms Parry added that it might be useful in such cases, to look at areas in their entirety, which, in addition to sickness and vacancies, would include; casework, turnover and recruitment, to understand whether there are any underlying or cultural issues that require support. Ms Murphy agreed with this approach and added that the data and narrative should be included in her next report to Committee with assistance from the Workforce Information Team and Recruitment Team Lead. **Action – BM and colleagues to explore where any HR support might be needed at Birch Avenue. Data and narrative to be included in the next Recruitment Report for Committee. <u>Noted for May 2021 agenda.</u>**	WFI, GH BM
	Quoracy The Executive Directors, Ms Parry and Ms Murphy left the meeting. The following items were considered in the absence of Executive members. Ms Blakeman also left the meeting.	
	Equality, Diversity, Inclusion	
13/03/21	**Quality and Equality Impact Assessment Policy and Process (QEIA)** In the absence of Executive members the remaining Committee members acknowledged receipt of the report which seeks to provide assurance that a policy is in development that includes a process for responding to Section 149 of the Equality Act 2010. Mrs Bawden presented this item in the absence of the author Liz Johnson and the following was noted. Committee were advised of the development of a Quality and Equality Impact Assessment Policy and process which will outline the requirements and governance around the integration of the QEIA which is required to support service improvement, transformation projects and business plans related to any service change within our Trust. The QEIA includes a process for assurance that policy decisions have been risk assessed for direct and indirect discrimination and that the potential of decisions to promote equality have been reviewed. The Chair and the remaining Committee members support the development of this policy, and noted that they recognise its importance, not only for our regulatory requirements but our obligation to our staff that this is in place. Mrs Dray observed that this report may also be presented at Quality Committee.	
Governance		
14/03/21	**HR Policies** **Assurance document from Policy Governance Group** Mr Walsh reported that the Policy Governance Group met on 8th February 2021 and 8th March 2021. <u>Quoracy</u> – in the absence of Executive colleagues, Mr Walsh acknowledged that the approval process is enacted at PGG anyway and that ratification for the policies below could be obtained from Executives outside of the meeting and minuted for completeness at the next meeting of Committee.	

	The Chair observed that the policy governance process is clear and much improved and that there are no HR policies outstanding that breach their review dates, which has been the case for quite some-time. Mr Walsh stated that he is pleased to report that colleagues have been receptive to the new policy sign-off process and added that the Trust as a whole have had no policy review date breaches since December 2020, and passed on his thanks to all those involved. Mrs Bawden reported that she is keen for HR policy authors to be mindful to use consistent, person-centred language in policies, and will ensure authors consider this during future policy reviews. Members discussed the potential for further tests to be considered when approving policies at PGG, which could include, for example, compassionate language, consistent use of 'I', 'we' and 'you' as well as reference to staff health and wellbeing. **Action – Mr Walsh to consider adding in further tests for PGG approval of policies, such as; compassionate language, consistent use of 'I', 'we' and 'you' and reference to staff health and wellbeing.**	DW
	a. Induction Policy In the absence of Executive members, the remaining Committee members ratified the recommendation from PGG to approve the Induction Policy.	
	b. Local Clinical Excellence Awards Policy In the absence of Executive members, the remaining Committee members ratified the recommendation from PGG to approve the Local Clinical Excellence Awards Policy.	
	c. Parenting Leave Policy In the absence of Executive members, the remaining Committee members ratified the recommendation from PGG to approve the Parenting Leave Policy.	
	d. Protection of Pay and Conditions Policy In the absence of Executive members, the remaining Committee members ratified the recommendation from PGG to approve the Protection of Pay and Conditions Policy.	
	e. Recruitment and Selection Policy In the absence of Executive members, the remaining Committee members ratified the recommendation from PGG to approve the Recruitment and Selection Policy.	
	f. Stress Management at Work Policy In the absence of Executive members, the remaining Committee members ratified the recommendation from PGG to approve the Stress Management at Work Policy.	
	g. HR Policy status In the absence of Executive members, the remaining Committee members noted, for information, the list of HR policies that indicate the status and review date of each HR policy.	
15/03/21	**Corporate Governance Review update** In the absence of Executive members, the remaining Committee members received the latest update on the Corporate Governance Review. Mr Walsh presented the report for information and the following was noted. Two key things for Committees to consider next will be the Terms of Reference and Self-	

	Assessment for all Committees. Each Committee is at a different stage. Section 4, Purpose, will transfer into the Terms of Reference. Next steps include reporting progress to Board following Board approval to proceed. The aim is for the new governance process to be up and running by the next meeting (PC meet again 11th May 2021), however this may slip to July. The Chair reported that Ms Parry has suggested the need for an assurance group for Equality, Diversity and Inclusion, that would report to People Committee in the same way that the Staff, Health and Wellbeing Group and Workforce Planning and Transformation Group will do. Ms Parry will raise this with Julie Houlder directly. The next phase of the review will be the Engagement Groups – which include the Joint Consultative Forum, Bargaining Forum and our Staff Network Groups. Committee acknowledged the huge leap forward with this project and thanked David and Julie for the report. Mr Walsh left the meeting. **Action – Ms Parry to discuss with Julie Houlder convening an assurance group for Equality, Diversity and Inclusion.**	CP
16/03/21	**Board Assurance Framework risks** The Chair requested that the consideration of BAF risks appears after each item on future agendas rather than before each item. Mr Walsh confirmed that the summary report template will be adjusted to encourage report-writers to consider the relevant BAF risk when compiling their documents for Committees. It is then the intention that Committees will establish, either during discussion, or after each item, whether or not each report sufficiently demonstrates alignment with the relevant BAF risk, and that the RAG rating is correct, in order for Committee members to enact assurance. Which, in turn, will ensure that a more complete and concise BAF can be presented to Board. In the absence of Executive members the remaining Committee members welcomed this new approach.	
17/03/21	**Confirmation of Significant Issues to report to Board of Directors** In the absence of Executive members, the remaining Committee members noted the following significant, issues to report to Board. • Committee welcomed the good news about the appointment of the Back-care Adviser but reservations remain about the quality of assurance from the H&S reports. • Concerns remains about the gaps in staffing for Registered Nurses even though some progress is being made in recruiting to vacant posts. There are also gaps in assurance with regards to eRostering and safer staffing. Committee asked for more detail to enact assurance regarding our clinical establishment. • The Clinical Establishment Reviews will be significant for our clinical staffing resource and Committee were keen to keep an eye on progress. • Committee noted improvement in Supervision compliance but acknowledged there are data gaps that need to be addressed in order to be fully assured. • Positive work continues with the Just and Learning Culture project and the addition of relevant data in our Integrated Performance and Quality Report will provide greater assurance to Board. • Committee requested that more data and narrative is provided on the Staff Survey at service level, and that future reports cover the impact that our restorative measures are having. • A downward trajectory was noted for sickness absence highlighted on the Performance Dashboard. • Committee members ratified a number of policies, and provided positive feedback in terms of the Governance Review. • Committee also welcomed and supported the new process for Committees to more easily and efficiently enact assurance in terms of BAF risks.	

18/03/21	**Joint Consultative Forum briefing** The last meeting of JCF took place on 4th March 2021. It was confirmed that the items highlighted at People Committee today (Staff Survey, H&WB and partnership working) covered the significant discussions being undertaken at JCF currently.	
Any other Business		
19/03/21	**To note any other business within the scope of the Committee's Terms of Reference**	
	No further business was noted.	
20/01/21	**Evaluation / Annual Planner**	
	a. Determine meeting effectiveness Committee members reflected positively on the meeting and acknowledged the wide range of topics presented for discussion and progress made. However, it was recognised that separate pieces of work often overlap which might benefit from discussion outside of the meeting beforehand.	
	b. Key agenda items for the May 2021 meeting of Committee Committee received the Work Programme / Annual Planner for information.	

HS CHECKED 23-04-21

Date and time of next meeting:

Tuesday 11th May 2021, 2.00pm-4.30pm

via teleconference / Fulwood House

Apologies to: Helen Walsh, PA to Executive Director of People

Helen.Walsh@shsc.nhs.uk

Quality Assurance Committee

Minutes of the Quality Assurance Committee held on Monday 22 February 2021 at 1pm. Members accessed via Microsoft Teams Meeting.

Present: (Members)	Sandie Keene, Non-Executive Director (Chair) Dr Mike Hunter, Executive Medical Director Salli Midgley, Director of Quality Richard Mills, Non-Executive Director Heather Smith, Non Executive Director David Walsh, Director of Corporate Governance
In Attendance:	Abiola Allinson, Chief Pharmacist (Item 9) Tania Baxter, Head of Clinical Governance Fleur Blakeman, Director of Improvement, NHSI Richard Bulmer, Head of Service Rehabilitation and Specialist Anne Cook, Head of Mental Health Legislation (Item 12) Greg Hackney Head of Service, Acute and Community Sam Harrison, Governance Consultant (Item 13) Pat Keeling, Director of Special Projects - Strategy (Item 15) Vin Lewin, Patient Safety Specialist (Item 07) Paul Nicholson, General Manager, Acute & Community Services (Item 08) Jamie Middleton, Lead Professional – Social Work (Item 11) David Pickersgill, Staffside lead for Community Review (Item 08) Sarah Roberts- Morris, Senior Operating Manager, SPA (Item 05i) Julie Sheldon, Head of Nursing, Community and Acute Services Maggie Sherlock, NHS Sheffield Clinical Commissioning Group Dominic Watts, Service User Governor Representative Nichola Whatley, Senior Operating Manager, SPA (Item 05i) Sharon Sims, PA to Chair and Director of Corporate Governance (Minutes)
Apologies:	Dr Jonathan Mitchell, Clinical Director Beverley Murphy, Executive Director of Nursing, Professions & Operations Dr Rob Verity, Clinical Director Alun Windle, NHS Sheffield Clinical Commissioning Group

Min Ref	**Item**	Action
QAC21/02/021	**Welcome & Apologies** The Chair welcomed members to the meeting and noted apologies.	
QAC21/02/022	**Declarations of Interest** No declarations were received.	
QAC21/02/023	**Minutes of the meeting held on 25 January 2021** The minutes of meeting held on 25 January 2021 were agreed as an accurate record**.** Minute Ref: QAC21/01/015 - Ligature Anchor points The Chair asked if Committee would receive an update at today's meeting. Salli Midgley reported that Committee would receive a substantive report in March 2021**.**	

QAC21/02/024	**Matters Arising & Action Log** Members reviewed and amended the action log accordingly, updates on outstanding actions were recorded. *Action: 26/10/20 – AMHAM Report. Staff Survey and Quality Objectives to be reported within the Back to Good Report.* Dr Mike Hunter advised this would require further thought as the Back to Good report was a regulatory and compliance report. *Action: 23/11/20 – MH Legislation Q2 Report. IMST and telephony challenges* The Chair reported that Mike Potts had asked for concerns to be raised with IMST. Action Completed for QAC, Monitoring through MH Legislation Committee. i <u>Safeguarding Improvement Plan</u> Committee received the Safeguarding Implementation Plan for assurance and information. The Chair asked for clarity on timescales. Salli Midgley advised it was a rapid improvement plan, supported by a workplan, with a completion date of May 2021. Salli reminded committee this was not related to safeguarding care but to the delivery of statutory and strategic duties (eg: report writing) and external support had been sought to work with the team. David Walsh asked Committee to be mindful of the Board Assurance Framework. (BAF) and advised that safeguarding had not been included as a specific objective in the new BAF. Heather Smith asked how Committee would know when this had been completed. Salli advised there were a number of outcomes, which included data, quality of reporting to assure Committee and monitoring of staff supervision. This had been developed in line with competencies for Safeguarding and discharge of duties. The Chair asked if Committee could receive a link to the competency measures.	**MH** **SM**
QAC21/02/025	**Integrated Performance and Quality Report** Committee received the report for period ending 31 December 2021 Salli Midgley highlighted a number of key issues: <u>Out of Area</u>: continues to be high usage, attributed to the impact of Covid-19, older adults high, improvement plan in place with a trajectory to reduce. <u>CPA Reviews</u>: no further improvement and target not achieved. Mitigation re: delivery of care but the CPA is the review of care and may need to be aligned to service user need. <u>Restricted Practice:</u> Benchmarking indicates high user of physical restraint and could be aligned to poor environment and the care offered. Community data identified that people are not being seen as often. Use of restraint is complex and a relaunch of the strategy had started. The Trust is a low user of prone restraint, but other methods are used and seclusion is also high. <u>Medication:</u> two moderate incidents in December 2020 relating to controlled drugs. One incident in January 2021 in relation to guidance of prescribing outside of formal guidance which resulted in a Serious Incident. Heather Smith referenced Out of Area noting the aim for zero, she would like to see staged and trackable targets. The Chair reported that Committee had supported the commissioning of additional adult beds to support the impact of Covid-19 and the Estates work. She was mindful this had not included older adults. Greg Hackney reported that there were plans to repatriate into Ward G1 and patients will be admitted under IPC guidance and swabbed. The recovery plan has a clear structure to follow which includes a reduction in length of stay on adult acute wards to 30	

	days. He suggested an update to Committee on the plan to reduce out of area beds. Dr Mike Hunter reported that Committee were receiving the Medicines Safety (Item 9) and noted that Pharmacy were working with services to ensure resources were in the right place. Fleur Blakeman referenced the data quality and completion dates noting that some were under review and referenced CQUIN 2019/20. She asked if they could be reviewed. Salli agreed to work with Tania Baxter and Debs Cundey. Heather Smith noted her concerns in relation to Insight and had not seen the plan to address this. She also asked why waiting lists had not triggered as an exception. Richard noted that Finance & Performance Committee (FPC) and this Committee receive the same report, he added that FPC would be focused on performance and financial issues and this Committee on quality issues. He used Waiting Times as an example which could be linked to commissioning and therefore under FPC. Also IMST and Estates programmes were being monitored by FPC. There needed to be further clarity on the governance routes. **Committee received the report and noted progress.** **Review of quality data and completion dates, Salli and Tania to work with Debs Cundey.** **Committee to receive the plan to reduce out of area beds** i <u>Improvement plan for community services with an unacceptable waiting list</u> Committee received a number of recovery plans for information. Richard Bulmer reported that Greg Hackney and himself had worked with the General Managers and Senior clinicians to review waiting lists in a number of areas, their focus was to ensure there was an efficient use of resource including: recruitment, impact of Covid-19 , sickness and service improvement. This could also lead to further discussion with Commissioners. The plans included a number actions which varied across the teams as they are not all delivering the same care model. There would be challenge to each service area to review their care model, they have welcomed this and the opportunity to work with third sector organisations. This outcomes of this work would inform discussion with Commissioners. Richard noted that two services that required attention were the Sheffield Adult Autism and Neurodevelopment Service (SAANS) which had high demand and the Gender Dysphoria Clinic, whilst nationally commissioned with long waiting lists is seen as a better provider Greg noted that the reports relating to Community and Single Point of Access (SPA) had mapped a trajectory to a manageable standard. He advised that Sarah Roberts-Morris and Nichola Whatley, Senior Operational Managers (SOMs) at SPA would like to explore this further and include scenario planning based on staffing and demand. The Chair believed the concerns related to the community teams, she referenced identification of a further 300 cases on the waiting list and the Deep Dive on SPA back in 2020 and asked if there had been progress and assurance of realistic actions, target dates and monitoring. Dr Mike Hunter advised an improvement trajectory is required to ensure patient safety, he asked how service users were kept safe whilst on a waiting list. Nichola advised there were concerns with the waiting list in SPA, the team had been proactive and creative, and utilised the staff that had been seconded into the service during the pandemic, they had been contacting those on the waiting list and undertaken a mail shot of anyone waiting for an assessment offering helpful advice, including crisis lines. Once a person is accepted into the service and	SM/TB GH

	contact made, a risk formula applied and treatment brought forward if necessary. Paul Nicholson advised that a similar approach had been taken in the Community Teams. Service users were rag rated in terms of need, they were also given contact details for the duty team and crisis services and can be tracked daily and rating amended accordingly. The Chair would be interested to know how data is collected, and the link to staff absences which impacted on service delivery. Dominic Watts noted the long waiting times for gender dysphoria and that remote appointments were not deemed an option due to patient safety. He asked if there had been risk assessments to enable face to face contact. He also noted that the Specialist Psychotherapy Service – Personality Disorder & Complex Trauma Team had a long waiting list and asked if this would reduce prior to the Complex Trauma Pathway (June 2022). He also noted the high rate of Did Not Attend (DNA) in SPA /Emotional Wellbeing Service and asked if there was a plan to reduce this. Richard Bulmer advised that face to face assessments had recommenced in Gender Dysphoria. In relation to the Complex Trauma Pathway, Richard advised there were plans to implement by March 2022, the focus will be on recruitment and service improvement, whilst reducing waiting times in the interim. Nichola advised that the team had been proactive in relation to communicating with service users, they receive letters with details of appointment and text message 24 hours before appointment. Service Users also had a choice of face to face or the Attend Anywhere system. She noted that this intervention had not reduced DNA rates and staff were frustrated as they remained on a waiting list, when the appointment could have been given to someone else. A more robust message service similar to that used in Sheffield Teaching Hospitals NHS FT with a message and attending Y/N option may be required. Richard Mills reported that he would be presenting at Council of Governors on the impact of Covid-19 and expected challenge on demand and waiting lists, he was mindful that some services were specialist commissioned and that Finance & Performance Committee would be taking some of these issues into committee. **Committee received the recovery plans, the Chair would welcome recommendations on how they would be monitored and reported back to Committee.** **Committee agreed to receive monthly reporting on the data and bi-monthly reporting against the actions.**	
QAC21/02/026	**Back to Good Board Progress Report & Update on the Improvement Dashboard** Committee received the report information and Assurance Dr Mike Hunter presented the report and noted that the three underlying factors impacting on the delivery of the Back To Good programme were staffing, IMST and Estates. The trajectories are converging to cause delays and exception reporting. This related to significant improvements in practice to physical health monitoring and more assurance required on the mitigation of practice on the ligature anchor points. An Extra Ordinary Back to Good Programme Board had been convened to look at these issues and ensure work is progressed at pace. Mike added that there is an appendix to the report detailing the Estates issues and one was required for IMST, he would work with Phillip Easthope to ensure Committee receives this in March. Mike reported that Board receive monthly not quarterly updates as noted in report.	

	Richard Mills referenced the section of the report on Estates issues and was pleased to see there had been collaborative approach of professions and the Estates team. Heather Smith noted that CQC audits had been referenced in the previous reports and asked if there had been any update. Salli Midgely advised that a meeting had taken place to understand the support required in preparation for the next CQC visit, which in anticipated in April 2021. The change in culture to supporting teams with their improvement journey and assurance of embeddedness. One area would be peer review as a confidence building exercise to focus on and showcase progress and ensure service user feedback is captured. A senior manager team mentoring system is also in development supported by the Organisation Development Team. The Chair advised she was meeting Dr Mike Hunter to look at sustainability of progress in future reporting. The Chair noted that Committee were assurance by the activities in the programme, they were sighed on the risk and evidence of progression. Mike reiterated the three risk areas; staffing, IMST and Estates and the cultural shortcomings in practice impacting on quality and patient safety care and adherence to regulatory compliance. The risks are reflected in the Board Assurance Framework and Corporate Risk Register. Committee received a Highlight Report - Eradication of Dormitories and Seclusion Room Improvement, Feb 2021 for information. **Committee received the report and noted progress and the preparatory work for the next inspection.** **Appendix detailing IMST timeframe for improvements to be included in future reporting**	MH
QAC21/02/027	**Learning Lessons from Incidents – Quarterly Assurance Report** Committee received the report for assurance Vin Lewin reported the revisions to the report offer Committee greater assurance in relation to the safety and culture agenda, and sources for lessons learned. He noted there had also been a strengthening of the collaborative approach across services. The Chair asked for assurance of the audit trail, noting the connectivity with the Integrated Performance and Quality Report. Vin added that this would feed into quarterly reporting to committee. **Committee received the report and welcomed the revisions.**	
QAC21/02/028	**Community Mental Health Team (CMHT) Services Review** Committee received a report and were asked to approve the recommendations and next steps. Paul Nicholson presented the report, the outcome of the review of the CMHT service model. David Pickersgill explained that an action from the collective dispute (2017) included an independent review. The review was commissioned jointly with Management and UNISON. The original timeframe for the review was ambitious and included production of an interim report to set out the direction of travel and service model to get the support required, before the detail of budget and establishment. The interim report was completed in December 2020 and the key recommendations included retention of an assessment short term Single Point of Access (SPA)/Emotional Wellbeing Service (EWS) and a separate medium/long term recovery service. There was little appetite for major change which may look like there is little ambition, but there was a need to ensure safe services.	

The review identified a number of issues relating to interdependency and the need to strengthen links particularly with primary care networks and also review accessibility, location and choice. During the pandemic services had changed and the use of technology had been increased which had received positive feedback and required further evaluation.

Service specific areas of focus/recommendations:

- Outreach Team in Recovery
- Structured Clinical Management approach for people with emotionally unstable personality disorder (EUPD)
- Separation of care co-ordination and case management
- Management of waiting lists in SPA & EWS alongside a working model
- Administration function

Paul believed the recommendations did link with both the national and local drivers for care pathways. He was mindful there were a number of significant areas of transformation. The Committee were asked to support the report and agree the monitoring process.

The Chair welcomed the report and noted that the Committee and Board have continued to monitor this. She was pleased there had been a collaborated approach. She was however mindful that there had been other developments and used the examples of new models of care, primary care networks, the physical and social care strategy and that Committee and Board would need assurance that this work fitted into future development.

Dr Mike Hunter advised that Beverley Murphy would be the executive lead to take this forward and ensure there was a clinical framework and he would be working closely with Beverley to ensure there is strategic alignment with the emerging Clinical and Social Care Strategy.

Heather Smith added that as a new Non Executive Director she had found the report useful and welcomed the co-production and staff engagement. She too would like to see the “bigger picture” and how it would align with other projects, specifically acute care modernisation.

Dominic Watts asked about accessibility and whether consideration would be given to the locality of services, transport networks, journey times and city centre access. Paul advised that a central hub would be considered. Pat Keeling advised that community locality and access would form part of the wider Estates Strategy review.

Richard Mills reported that Finance and Performance Committee would be reviewing the Estates Strategy in May 2021. Richard noted the Board had supported the new service model in 2017 and that it appears to have been implementation that had failed, including closure of the outreach service which had been controversial and now a recommendation to open up the service. He believed this needed to be shared with the Council of Governors. Richard referenced the recommendations and the ask to support the service models, he would like clarity on what decisions Committee are being asked to make, the investment needs and timescales. He was mindful there would need to be a number of business cases. Paul added that the model for an outreach service would be a stepped care approach and supported the recovery model.

The Chair reported from Committee’s perspective they were being asked to support the direction of travel, and that there was further work to undertake in relation to alignment with the strategic direction. The Chair noted this report was a baseline and would like to see a further report to alignment and trajectories in three months.

	Committee received the report and noted the recommended direction of travel. Further work to undertake in relation to alignment to the Clinical and Care Strategy and with other key projects. **Committee to receive an update in May 2021.**	
QAC21/02/029	**Medicines Safety (Q3 Report)** Committee received the report for assurance. Abiola Allinson presented the report and noted that it was disappointing and suggested that practice was not embedded, and the need to make change and drive quality. The key themes included: <u>Monitoring of fridges</u> - further training, implementation of new systems and a trial of an automatic reporting system. <u>Administration errors on In-patent wards</u> – Medicines with Respect a programme for newly qualified nurses, also to review and improve practice. <u>Controlled Drugs</u> - number of incidents relating to signatures and investigations for missing medication. Further training introduced and scrutiny by Ward Managers supported by Medicines Safety Officers. <u>Pharmacy presence on wards</u> – work ongoing to address the gaps and ensure technicians are included in the establishment. Dr Mike Hunter referenced the pareto charts and believed that resource could be focused in specific areas to address the concerns, he asked if the team were working flexibility and responsibly to ensure resource was allocated appropriately. Abiola reported that the team continued to monitor and focus on specific areas, he noted that a quality improvement approach had resulted in an increase in reporting across in-patients and that further focus was required in community. Mike noted that incidents arise at clinical level and are reported through the wards/directorates and the Pharmacy route to Medicines Safety Group and Medicines Optimisation Committee, he asked how the learning was taken back to ward level. Abiola advised that the Pharmacist would feedback and support actions and improvement. Salli Midgley believed that medicines safety was the second highest patient safety issue and was concerned by the number of incidents. She reported that the Patient Safety Strategy was in development and would like to see medicines included, the impact on errors on service users. She would like to see a robust response to address the concerns, including good house keeping and audits. Abiola advised that he would be working closely with the senior clinical team. The chair noted that there was limited assurance and the need to implement new processes and for practice to be embedded. **Committee received the report and noted that there had been a decline in performance in a number of areas and therefore had limited assurance.**	
QAC21/02/030	**Ockenden Report - Learning for SHSC** Committee received the report for information. The Chair reported that the report should be viewed in a mental health context and that Salli Midgley had focused on areas of review work that could strengthen areas in the Trust. The Chair suggested a small sub group to review recommendations. Salli Midgley reported that the key areas were; advocacy, co-production & lived experience and Multi Disciplinary Team training. She asked if committee members would find it useful to have an off-line discussion to consider this report and bring	

	back to Committee. Heather Smith noted that she had many questions and supported an off-line discussion. The Chair believed it would be beneficial to review external learning to take things forward. Dr Mike Hunter believed it invited a further discussion on how things are brought together eg: Organisational Development and leadership development and the link to quality and safety improvement and culture and would like to be involved in the conversations. **Committee received the report and agreed that a small group would meet to review the recommendations**	SM/MH & Chair/HS
QAC21/02/031	**Care Act and Adult Social Care Survey Results** Committee received the report for assurance and information. Jamie Middleton presented the report and reminded Committee of the Trust's adult social care responsibilities. He believed that compliance with the Care Act did not receive the same profile or have the same visibility as the Mental Health Act and Mental Capacity Act. He was however mindful that the Care Act applied to a very small number of service users (currently 34). Staff had reported that they lacked experience, knowledge and confidence when applying the Care Act. A recommendation from the survey would be to strengthen awareness and increase training on induction using national guidance and quality standards. Early discussion with the Local Authority had been positive, with the potential for an external training provider to support training and new statutory guidance. The Chair asked if the Trust had a Memorandum of Understanding with the Local Authority in relation to monitoring of Key Performance Indicators (KPIs) for the duties undertaken on their behalf and where were they reported. Jamie responded, that there were agreements in place, historically this had been under Section 75 Agreement, which had been replaced with working protocols for delegated responsibilities. The Commissioners hold to account and reporting is through and the Contract Management Board (CMB). Data is also submitted to Commissioners as part of a national score report. The Chair asked if Care Act performance data could be included in IPQR reporting. Dominic Watts noted his concern regarding the lack of professional disciplines and submissions and asked if there were data gaps. Jamie advised that he had a network and was reliant on this for cascading information. He added that the Trust's role was a provider of health and social care provider, and it was disappointing that not all teams had responded to the survey and the integration element needed re-emphasising. Fleur Blakeman advised that the e-learning for health website offered a number of courses including Mental Health Act and Mental Capacity Act and worth exploring. Paul Nicholson noted the need for equity across health and social care, he added that raising this profile would also benefit a lot of service users who have social care needs. **Committee received the report.** **Committee requested that Care Act performance data is included in the Integrated grated Performance and Quality (IPQR) reporting.** **An update on the action plan to be presented to Committee in April/May 21.**	

QAC21/02/032	**Mental Health Legislation Committee (Q3 Report)** Committee received the report for assurance. • 360 Assurance Report - Monitoring and Governance of Mental Health Act, Mental Capacity Act/Associated Codes of Practice Anne Cook presented the report and noted the key areas included the links to embedding of practice and governance structures in relation to the Mental Capacity Act (MCA), she attributed this in part to IMST issues and the changes to regulations and legislation. The legal guidance in relation to the "Devon" ruling of remote assessment under the Mental Health Act (MHA) was redacted at the end of January 2021, the redaction however had not removed any cross reference. The Trust had one remote MH assessment and they have subsequently been informed and discharged. Trust staff had been advised not to undertake any further assessments or Community Treatment Order (CTO) extensions. Anne was aware there had been 14 remote CTO's and to date 12 had been reviewed. A Trust decision would be required on the next steps. The amended regulations in relation to electronic submissions of MHA papers are in place and guidance prepared. All wards have a secure email inbox for transmission of papers and a letter of authority prepared by Jamie had signed off by LA. Ongoing concerns in relation to compliance of MHA and MCA on Insight in relation to consent forms, which are being addressed with IMST. Updates from the LA Deprivation of Liberties Safeguard (DoLS) office in relation to the DoLS process for care home residents had now been received and would be shared with NHS Sheffield Clinical Commissioning Group (NHSSCCG) in March. Dr Mike Hunter referenced the "Devon" ruling on remote assessment and reported that the legal position was clear, what it had not considered was extensions to Sections or CTOs. (Section 20 and 28). Mike had been in discussion with his peers who were of the same view that it would be high risk to take everyone off extended section or CTO, as this would result in re-detention. The Chair noted that information had been received at Committee in the past relating to notification of rights and asked if the Trust was compliant. Anne reported that compliance was over 90% and CTO compliance had also improved with the introduction of standards. The Chair reported that the Mental Health Legislation Committee (MHLC) would be established and report directly to Board. She suggested establishing a data set for monitoring. Salli Midgley advised that initial meetings had taken place to discuss data sets for legislation and restricted practice. **Committee received the report and were assured there was continued improvement on compliance monitoring.**	
QAC21/02/033	**Corporate Governance Structure - Review Update** Committee received an update on the Governance Structure Sam Harrison presented the report and noted the next step in the process was to review Terms of Reference (TOR). Work had commenced on the TOR's for Tier 2 groups directly reporting to Committee and scheduled to be presented in March 2021. The Governance structures had been discussed with Committee in January 2021, the proposal to develop a Mental Health Legislation Committee (MHLC) and the	

	TOR's would be presented to the Board of Directors at their Public meeting in March 2021. Sam reported that Dr Mike Hunter and Salli Midgley had be pivotal in this development. Heather Smith asked if there would be a Tier 2 group for quality improvement to assure the Board on new processes or mechanisms. Sam advised that this would form an element of the Research, Innovation, Effectiveness and Improvement Group. Mike confirmed it would fit here and have the added value of the academia element. Sam referenced the physical health agenda, which was currently in the Back to Good Programme and the need to ensure it transitions to business as usual as part of the Physical Health Group. Pat Keeling asked if the Quality Improvement Strategy was in development. Mike believed the Quality Strategy would be developed as an enabler for the Clinical and Social Care Strategy. He added that this was timely as the current Quality Strategy expired in 2021. Beverley Murphy and Salli would be taking this forward from a planning and assurance perspective and himself from an improvement perspective during Summer 2021. Pat asked where the current Quality Strategy reported to. Mike advised it had been reported to Committee through Clinical Effectiveness Group, he believed it had got lost and therefore needed to be re-aligning. The Chair asked if there was clarity on the content of the datasets to report to each Tier 2 groups and this Committee and assurance they were receiving the right information. Salli advised this would form the next stage in developing work plans once the TOR's had been agreed. The Chair asked if she could join this discussion. **Committee received the report and noted progress.** **Committee to receive Terms of Reference for Tier 2 Groups in March 2021.** **The datasets and workplan for each group to be established.**	**DW/SH** **SM lead**
QAC21/02/034	**Board Assurance Framework (BAF) and Corporate Risk Register (CRR)** Committee received the reports for assurance. David Walsh reported that Board had discussed the process of risk management in a recent development session. He noted that this was the final iteration of the current Board Assurance Framework (BAF) format and that appendix 1 of the report outlined the new BAF risks for Committee. David also referenced Para 2.1 in the report, noting a snapshot of all risks had been introduced to give an overview of risk and controls. He added that the risk appetite statement had previously been agreed. Committee were asked to approve the current BAF(appendix 2) and the proposed new risks (appendix 1). If approved, the Corporate Assurance Team would work with Beverley Murphy's team to add the detail to each risk for the report to Board. The Chair referenced the IPQR report that had raised concerns in relation to patient safety (staffing risks, increase in physical restraints and overall performance) and believed this would impact on scoring. David advised that if Committee felt that the current level of assurance as detailed in the BAF had changed, it would require adjustment. He added that staffing had been include in the proposed risks (No 1). Pat asked where continuous improvement methodology was mentioned as she believed this would underpin clinical, social care and corporate services and the references above appear to be silo risks with no connectivity and therefore a gap. David noted the assurance gap and the BAF entry related to patient safety and CQC compliance. He believed this could be in a number of areas including; staff training (Green) and in-patient environment (Red). Committee needed to clarify where they	

	were not assured. Richard Mills advised that Anne Dray and himself had scheduled a session on the IPQR with Debs Cundey and would raise this issue and asked for Tania Baxter and Debs to track it back up. The Chair reported that she would like to see KPI assurance reporting strengthened in the proposed risks (appendix 1). David advised it was referenced as a quality indicator. **Committee received the report and noted an action.** **Committee agreed that Richard Mills would raise the risk in relation to patient safety at a meeting with Debs Cundey and Tania Baxter.** *Dominic Watts, Salli Midgely and Julie Sheldon left the meeting* David Walsh presented the Corporate Risk Register (CRR), he noted that a snapshot had also been added to the CRR at Para 2.1. Committee were asked to review Risk 4254 – Compliance with the management of Complaints and consider a de-escalation. David advised that targets of 91% had been achieved over a period. **Committee received the report and supported the de-escalation.**	**RM/TB**
QAC21/02/035	**Policy Governance Group (PGG)** Committee received an update and were asked for approval a number of policies. <u>Policy</u> Falls – Inpatients <u>Policy Extension to Review Date</u> • Observation of In-Patients – Safe and Supportive Observations of Patients at Risk • Safeguarding Adults & PREVENT • Infection Prevention & Control (IPC) David Walsh reported that the above policies had been considered at PGG and recommended to Committee for approval. He noted that the extension request for the IPC policy had been unrealistic and PGG agreed an extension to May 2021. The Chair reported that she had attended a Good Governance event, which had highlighted the need to ensure staff were considered in all policies in terms of implications, wellbeing and training. She asked Committee if this was an area to develop. Committee supported this proposal. **Committee received the report and approved the above policy requests.** **Committee agreed ensure that future policy development included the impact on staffing.**	
QAC21/02/036	**Research and Innovation Report (Bi-annual)** Committee received the report for assurance. Nick Bell presented the report. He reported that the Trust had been the only one to achieve a green rating against all KPI's in the Yorkshire and Humber Clinical Research Network. He added that KPI's had altered over the year to take into account the impact of the pandemic.	

	The Trust had recruited 1,323 to clinical research in year and was 55% over target. The Trust had been successful in securing £2.5m for research into physical health and exercise for people with severe mental illness. Two areas of concern included a projected drop-in service user recruitment into 2022. Nick attributed this to the Health Research Authority's decision to focus research on Covid, despite this he expected the team to meet targets. The Research Capability Funding is expected to be lower in 2022, he advised that core posts were funded through this and therefore required careful monitoring. Dr Hunter reported that funding posts this way was not in line with the Trust' strategic aims and should be used to develop and growing research, he would take the discussion into a different forum. **Committee received the report and noted the content.**	
QAC21/02/037	**Annual Work Plan** Committee received the work plan for information. The Chair reported that the workplan would be revisited to separate the areas related to legislation and would feed into the MHLC. Significant issues to report to the Board of Directors to include: • IPQR – Out of Area, medicines safety, staffing and waiting lists • CMHT Review – endorsing the direction of travel and assurance of connectivity with all other projects • Medicines Safety • Care Act survey and positive steps forward • Policy Governance and consideration of staff well being in policy development Pat noted that strategy implementation appeared to be missing from the work programme giving an overview to Committee. Dr Mike Hunter believed that this would feed into the work of the Research, Innovation, Effectiveness and Improvement Group The Chair reminded Committee of the new meeting structure from April 2021. Tania Baxter noted there was a Committee meeting scheduled for 29 March and the new date of 14 April 2021 and asked if there would be two meetings, mindful of production of routine reports etc. The Chair asked for guidance, Dr Mike Hunter agreed to liaise with Beverley Murphy on her return from leave. *Maggie Sherlock left the meeting*	MH/BM
QAC21/02/038	**Mortality Report (Q3)** Members received the report for information.	

Date and time of the next meeting:
Monday 29 March 2021 at 1pm
Format: MS Teams

New Schedule: ***Quality Assurance Committee, Wednesday 14 April 2021***
(Papers submitted by 2pm on Tuesday 6 April 2021)

Apologies to Sharon Sims, PA to The Chair and Director of Corporate Governance
Sharon.sims@shsc.nhs.uk Tel: 0114 271 6370

Approved SK/ss

Quality Assurance Committee

Minutes of the Quality Assurance Committee held on Monday 29 March 2021 at 1pm. Members accessed via Microsoft Teams Meeting.

Present: (Members)
Sandie Keene, Non-Executive Director (Chair)
Dr Mike Hunter, Executive Medical Director
Beverley Murphy, Executive Director of Nursing, Professions and Operations
Richard Mills, Non-Executive Director
Heather Smith, Non Executive Director
David Walsh, Director of Corporate Governance

In Attendance:
Tania Baxter, Head of Clinical Governance
Richard Bulmer, Head of Service, Rehabilitation and Specialist Services
Jon Burleigh, Clinical Effectiveness Manager (Item 8)
Katie Grayson, Lead Nurse, Infection, Prevention and Control
Greg Hackney Head of Service, Acute and Community
Sam Harrison, Governance Consultant (Item 13)
Pat Keeling, Director of Special Projects - Strategy (Item 15)
Vin Lewin, Patient Safety Specialist (Item ..)
Paul Nicholson, General Manager Acute and Community Services
Mark Parker, General Manager, Specialist Services
Helen Payne, Director of Estates and Facilities (Item 12)
Mike Potts, Trust Chair
Sarah Roberts Morris, Senior Operating Manager, SPA
Julie Sheldon, Head of Nursing, Community and Acute Services
Maggie Sherlock, NHS Sheffield Clinical Commissioning Group
Rob Verity, Clinical Director
Julie Walton, Head of Care Standards
Dominic Watts, Service User Governor Representative
Alun Windle, NHS Sheffield Clinical Commissioning Group
Anita Winter, Head of Patient Safety
Sharon Sims, PA to Chair and Director of Corporate Governance (Minutes)

Apologies:
Dr Jonathan Mitchell, Clinical Director
Salli Midgley, Director of Quality

Min Ref	**Item**	Action
QAC21/03/039	**Welcome & Apologies** The Chair welcomed members to the meeting and noted apologies.	
QAC21/03/040	**Declarations of Interest** No declarations were received.	
QAC21/03/041	**Minutes of the meeting held on 22 February 2021** The minutes of meeting held on22 February 2021 were agreed as an accurate record**.**	

QAC21/03/042	**Matters Arising & Action Log** Minute Ref: QAC21/02/025 Board Assurance Framework and Corporate Risk Register refers. Richard Mills confirmed that the risks in relation to patient safety had been discussed as part of the review of the assurance framework. Members reviewed and amended the action log accordingly, updates on outstanding actions were recorded.	
QAC21/03/043	**Quality Priorities** Tania Baxter reported that Committee would receive a report at its meeting in April 2021, consultation continues on the development of five quality objectives for 2021/22, which include learning lessons, restricted practice, medicines safety, impact of Covid-19 (isolation) and safety culture. Tania noted that historically the Quality Account would be in final draft for inclusion in the Annual Report, during the pandemic (2020) trusts were not required to include a Quality Account in their Annual Report and submission of the Quality Account was extended to October 2020. The position remains the same for 2021, but no submission date had been published. **Committee received a progress update and noted that the quality objectives would be presented in April 2021.**	TB
QAC21/03/044	**Corporate Governance Structure** Committee received a progress update and were asked to approve the Terms of Reference (TORs) for the Tier 2 groups reporting into Committee. Sam Harrison presented an update on the governance structure to support the Committee, she reported that the TORs for five groups reporting to Committee were received for approval. She added that the TORs for the Safeguarding Assurance Committee had previously been approved. Sam acknowledged there had been a lot of work to draft the TORs and thanked those involved. The new governance structure would be implemented from 1 April 2021. The action plans whilst in development would continue to ensure improvement and the embedding of best practice. The Chair asked for clarity on how the data set for each group would link into the Integrated Performance and Quality Report and monitoring of the Committee as there was no reference to this in next steps. She also noted that it appeared that accountability to Committee was not consistent for all the groups. she added that two groups reference escalation of risks for assurance and three groups did not and asked for clarity of consistency. Sam reported that from an accountability perspective one of the primary functions of each group is to provide assurance and escalation to Committee. She would review the TORs and discuss with the groups where this had not been defined. In relation to the data sets and Key Performance Indicators, Sam was aware that this was an area that Salli Midgley was reviewing. Sam added that the Tier 2 groups would align to the corporate calendar and each group had opportunity to analysis and scrutinise before Committee. She was mindful that a number of groups were consolidating and would need to time to embed and ensure they were covering the requirements of the Committee. Beverley Murphy asked when Committee would receive the work plans from each group for approval. She also asked if there had been discussion with Debs Cundey in relation to the expectations for datasets or whether this is an assurance gap.	

	Heather Smith believed the objectives for some of the groups needed to be bolder and more ambitious, she noted that equality, diversity and inclusion (EDI) and health and wellbeing (H&W) was not referenced in the groups, she added that parity of esteem, an old fashioned term was referenced in Infection, Prevention and Control. She suggested terminology of analysing, actively addressing and promoting to see the assurance. Dr Mike Hunter referenced TOR the Research, Innovation, Effectiveness and Improvement Group and suggested the inclusion of an additional high level purpose: "develop and oversee the integration of Trust activity related to research, innovation, effectiveness. Improvement in medicines optimisation for the benefit of those who use and work in our services and to reduce health and inequality" **Committee received and noted the update and work to develop the TORs. Further work on the TORs to include EDI, inequalities and H&W. Sam to liaise with the groups to ensure accountability to Committee is clarified in each TOR. Inclusion of a purpose (MH detailed above) to the Research, Innovation, Effectiveness and Improvement Group.** **Committee to receive the workplans for each group for approval (dates) and assurance in relation to the production of a dataset for each group**	SH SH/SM
QAC21/03/045	**Board Assurance Framework revised risks to quality** Committee received the report and were asked to consider and approve the risks. Beverley Murphy reported that she had identified three risks to recommend to Committee and had included narrative of where she believed Committee would get the assurance. She advised that they were focused on the impact on patient safety and user experience. Beverley advised the risks would apply across all clinical pathways. 1) Quality issues in services impacting on service users and staff, the BAF risk would be the inability to deliver essential improvements across all pathways. 2) Covid-19 3) Inappropriate in-patient environments and an over reliance on restricted interventions which require careful management to ensure safety. Beverley asked Committee to consider the risks, if in agreement the next steps would be to identity gaps in controls, mitigations and to rate them. Heather Smith referenced the first risk and asked if leadership changes should be included as a cause as she believed this would lead into the control of leadership development and failure in governance. Pat Keeling offered support to review the third risk relating to environments. Dr Mike Hunter believed the risks mapped onto the strategic priorities, the regulatory and improvement risk, the Covid risk and environment risk maps onto transformation priorities. Dominic Watts noted a large proportion of people would have had their second vaccination by June 2021 and asked if this would remain high risk. Beverley advised that the Trust has a duty of care to project service users and staff. The vaccine is not 100% effective and not everyone using our buildings would have had a vaccination. She added that the recommendations for good ventilation with this virus was challenging for mental health settings, due to window restrictors. People with mental health issues are also more likely to have cardio vascular disease, diabetes and cancers and evidence suggests poor outcomes with Covid. The Chair noted there is known risk relating to increased need and asked if this could be incorporated. Beverley believed this would be a separate risk as it related	

	to the impact not the illness. Mike added that there was also the variant strains to consider and the current modelling suggests the vaccine is 85% effective, without pharmacological intervention and distancing the pandemic reproduction rate would remain between 1 and 2. David Walsh reported that committees were discussing their risks and needed to be mindful that the Trust's strategic objectives had not been finalised, he advised that the executive team were working to complete the strategy. **Committee received the report and noted the suggested three risks.** **The next steps would be to include the risks in the Board Assurance Framework for Committee to consider.**	BM
QAC21/03/046	**Clinical Effectiveness Group (Q3) Report** Committee received the report and were asked to approve the audit plan Jon Burleigh presented the Quarter 3 report, he noted that the new clinical audit programme for 2021/22 had been drafted for consideration by the Committee. The programme is also to ensure that the national and Clinical Commissioning Group led audits are tracked and monitored. He added that additional audits could considered through the year. Heather Smith believed the key priorities could be strengthen in terms of the language used to create purpose and have impact. She would also like to see any gaps in assurance that could then be escalated to Board. The Chair had welcomed the section on continuous improvement and outcomes and asked how this fed into development and learning. Jon was mindful that this was the Quarter 3 report, Mike added that this group would be disbanded under the new governance structure and link to the Research, Innovation, Effectiveness and Improvement Group, which would have clinical connectivity to ensure outcomes and impact are measured. The Chair asked if an internal audit on restraints and seclusions had been considered. Mike advised that Salli Midgley would be leading on a major piece of work on restricted interventions and would commission an audit if necessary. Dominic noted the response rates from staff and service users on Quality Improvement was higher than he had seen in the past and asked if a different approach had been taken. Jon believed there had been good engagement at team level and people had been interested in the subject. Mike Potts asked how the internal audits were identified. Jon advised that the members of the Clinical Effectiveness Group, identify themes and priorities through their clinical practice. Mike Potts also asked how the outcomes were embedded into clinical practice. Mike advised that alignment of the audit cycle and delivery of care required strengthening and that the new governance structure would ensure this. Pat Keeling advised that the National Mental Health Improvement Team had provided key lines of enquiries in relation to where the Trust is an outlier. She asked if this had been considered when considering which audits to undertake. She was concerned that Committee were being asked for approval when there were gaps in assurance on the summary in relation to areas of concern and impact assessment. Jon reported that he personally had not seen the benchmarking. In relation to the summary Jon believed this may link to the group's uncertainty in the new structure. Mike believed this illuminated an area of concern in relation to understanding how the process translates into improvements in patient care and change to measure this.	

	The Chair would like to see the trajectory from Quarter 3 to Quarter 4 and the start of the new structure. Committee had limited assurance in relation the concerns raised, outcomes and improvement and the role of the group. The Chair was also concerned that benchmarking data or audits for Learning Disabilities and Restricted Practice may not have been considered. She asked Committee to approve the plan in principle and would like Committee to receive the assurance in the Q4 report. Jon advised that the Trust were required to have an approved Clinical Audit Programme in place from April 2021. The Chair advised the Committee had limited assurance on the plan and could approve once further consideration had been given to the benchmarking data and specific areas mentioned. Mike supported the Chair's proposal to agree the plan in principle and seek assurance on impact, outcome and learning. Julie Sheldon reported that the National Benchmarking had referenced staffing. She advised Committee that clinical establishment reviews had been scheduled and would expect standards to be developed once this process had concluded. From an audit outcome perspective Julie advised that the teams did receive good feedback, which could be used to support development at team level. She believed this was down to good leadership and could be strengthened across all areas. **Committee received the report, had limited assurance and agreed to approve the plan in principle.** **Committee agreed further work was required in relation to assurance on the impact and embeddedness of learning.**	JB
QAC21/03/047	**Deep dive - Waiting Times Recovery Plan** Committee received the report for assurance Beverley Murphy reported that Committee had been focused on the impact of service users on waiting times and received recovery plans from Community and Acute services. The initial focus had been on Single Point of Access, it also became apparent that there were problems in one of the Recovery Teams due to staffing levels. A number of specialist services also have waiting lists and this can be attributed to an increase in demand over and above commissioned services. Committee received the initial report in February 2021, which had highlighted the issues, further reporting had included assurances for change and the trajectories. She was mindful that this was not the case for specialist services and although there had been slight improvement there was a lot more work to undertake, Richard Bulmer and herself had discussed their concerns with Commissioners. Beverley advised that she would be reviewing the risks relating to the recovery plans for inclusion in the Board Assurance Framework. Heather Smith asked Richard if all the issues identified had been addressed in the recovery plans for the specialist services. She also asked if the areas had been ranked in priority order against where the most impact would be seen. Richard explained that the waiting times in specialist services had been a long term issue, the action plan was developed against the existing model, where demand had been greater than the service that had been commissioned. Richard will be taking a collaborative approach and bringing the specialist teams together to look at their service models and asking them to think about how services could be managed differently. They will also be looking at best practice from other service providers, including the third sector and the Primary Care Networks.. Beverley added that the specialist services were more complex and she had limited assurance in relation to impact to significantly reduce waiting times and had tasked Richard to work with the teams to review their models. The services are commissioned there may be no additional funding, if this was the case she believed that the risk should be jointly owned with Commissioners.	

	Beverley added that the direction of travel for Acute and Community was clearer and she suggested adding the trajectories to the IPQR Richard Mills believed the Council of Governors would be interested in this report. He also believed the work on the commissioned services needed to separated. Mike Potts was aware the national drivers and resource for mental health was imminent and would like be assured the Trust would be prepared. Mark Parker, General Manager for specialist service was mindful of the waiting time challenges in specialist services. He used Gender Services, as an example. The Service is nationally commissioned by NHS England and Sheffield is one of seven providers. The service had been commissioned five years ago to accept 172 new patients per year, the current referral rate was over 500 with 1300 on a national list and waiting 30 months for first assessment, which he acknowledged in itself was high risk. Mark reported that whilst the model could be reviewed, the scale of any change to reduce waiting times and investment would need to be significant . The Chair thanked Mark and noted that the Board and Committee are focused on waiting times and required assurance that everything was being done to improve the situation and escalate concerns to Commissioners. Greg Hackney as way of assurance advised that he expected to see an improved trajectory in Recovery Team from June 2021. **Committee received the report and noted the work in progress. Committee had limited assurance in relation to the impact of change in Recovery and Specialist services.** **Waiting time trajectories for Acute and Community to be reported in the IPQR and a progress reported to Committee Quarterly.**	BM
QAC21/03/048	**Back to Good Board** Committee received the report for assurance. Dr Mike Hunter reported that that the target date for completion of actions was 31 March 2021, a total of 67 out of 73 actions would be completed. The outstanding actions, would not be closed down. They related to staffing and estates work on dormitories, seclusion rooms and ligature anchor points. The CQC and NHS Improvement are signed on these areas. Mike noted that narrative had been included in the report in relation to the successful delivery of a number of IMST actions. The actions, outcomes and evidence had been mapped onto the CQC domains and reported in Appendix 1. **a)** <u>Anchor Ligature Points</u> Committee received a progress update on the assessments Anita Winter reported that all in-patient areas and the two care homes had been assessed and work was progressing to complete assessments in community areas. The report detailed the key findings and work completed to date. The capital programme will be rolled out and work on dormitories and the seclusion rooms was due to commence on Burbage Ward in May 2021. Burbage, Stanage and G1 ward are also scheduled for replacement of windows. in order for the works to be completed and to ensure patient safety Dovedale 2 had been recommissioned and would be used as a decant ward. The implementation plan will be shared with Committee in April 2021. Anita advised that the Ligature Anchor Point Policy was out for consultation and would be presented to Policy Governance Group in May 2021. Any further risks	

	identified during completion of the community assessments would be included. Pat Keeling added that the majority of risks were being addressed. There were three however that were scheduled to continue into 2022 (ceilings, sanitary ware and windows) the works are expected to cost £8 - £10m and had been discussed at Finance & Performance Committee. Beverley reminded Committee that the capital works were scheduled over a long period and that staff would continue to manage the risks. She would be reviewing the risk score in the Board Assurance Framework. Richard Mills noted the capital programme was significant and therefore additional risks associated in relation to affordability. Beverley reported that Tees Esk and Weir Valley NHS FT had received a regulatory report for their in-patient wards which had contained warning notices as they were not assured of patient safety during completion of capital works. The Chair asked how Committee could be assured of patient safety. Beverley advised this measure would be to ensure a review of every care plans and a substantive workforce, she was mindful there were gaps in these areas that would be reflected in the BAF. Mike advised that Greg Hackney and Dr Rob Verity had taken the action from the Back to Good Board to ensure care plans detailed all risks. Mike also encouraged Board to pursue this line of enquiry when conducting a Board visit. The Chair referenced the Safeguarding Report (Item 15) which had highlighted the need for significant IMST input, she asked if there were concerns. Mike advised that the services needed to identify a range of options for a wrap around solution and to not be solely dependant on technology solutions. The Chair thanked the Team for their work over the last year. **Committee received the reports and noted progress and were mindful that the Back to Good work would move forward into business as usual.** **The implementation plan to support the Capital Programme would be shared with Committee in April 2021.** **Committee had limited assurance and supported the review of safety risks in the BAF in relation to delivery of the capital programme** *Dominic Watts left the meeting*	PK BM
QAC21/03/049	**Infection, Prevention & Control (IPC) (Q3) Report** Committee received the report for assurance Katie Grayson presented the report and noted some key highlights: • Hand Hygiene compliance above 95% • No cases of MRSA,MSSSA or E-Coli bacteraemia and MRSA screening • One case of Clostridium difficile at Woodland View • Burgage Ward had failed to submit data through the quarter which had required escalation to leadership team. They would be monitored closely in Quarter 4 • Covid-19 outbreaks identified in a number of clinical and corporate areas. IPC engagement and support with the teams to manage their teams. • Total of 76 incidents reported, the majority of which were not IPC related. Beverley Murphy reported that the IPC team had this year been conducting their annual audits on site, the results would be reported in Quarter 4. The Chair asked if there had been improvement in Burbage ward's submission of data through the last quarter. Katie confirmed there had been improvements. **Committee received the report and were assured by the content.** *Mike Potts left the meeting.*	

QAC21/03/050	**Health & Safety and Fire Legislation Compliance (Q3) Report** Committee received the report for assurance Helen Payne presented the report and noted some key highlights: • Smoking within in-patient environments continues to be a challenge for staff and presents a level of risk. There were no fire related incidents reported during this period. Helen noted there had been a minor incident during Quarter 4. • Fire compartmentation improvements across the Trust with the fitting of multiple functional doors. Two new appointments had been made in the team. Samantha Crosby had been appointed as Health and Safety Manager and the post of Back Care Advisor had been recruited to subject to HR process Helen reported that Heather Smith, Chair of People Committee had asked for the report to be reformatted and would meet with Samantha. Heather added that she would be looking for a report that gave assurances from a safety perspective. . The Chair suggested it would be beneficial to Committee if Samantha attended the next meeting to give an overview of health and safety reporting. Pat Keeling advised that additional areas had been added, including estates compliance and risks. Pat added that from a governance perspective Health and Safety reported into the People Committee (PC) and they receive quarterly reporting, this Committee would receive a bi annual report. Richard Mills believed compliance was important and welcomed this addition. He was also mindful that performance fed into Finance and Performance Committee (FPC). Richard also noted that on a Board visit staff at Dovedale 1 had reported that they believed that they were not scheduled to receive the new doors, he asked if this was a risk. Pat agreed to escalate to Estates Strategy Group for risk assessment. **Committee received the report and were assured by the content. It was noted that People Committee had requested a reformat of the report.** **Samantha Crosby to present the next report and give an overview of the reporting of health and safety issues from a quality perspective.** **Item for Estates Strategy Group (Risk assessment doors on Dovedale 1)**	PK PK
QAC21/03/051	**Mental Health Act Legislation Practice Standards - monitoring compliance** Committee received the report for information. Dr Mike Hunter reported that the new governance structure included a Mental Health Legislation Committee (MHLC) and would hold their first meeting on 13 April 2021. There would be a review of this Committee's work programme to ensure all items relating to Mental Health legislation moved to MHLC. The report outlined the areas of interest for MHLC and identified a number of key performance indicators (KPIs) for MHLC to determine its data set. **Committee received the report and acknowledged transfer of responsibility to Mental Health Legislation Committee (MHLC).**	
QAC21/03/052	**Service Users Experience (Q3) Report** Committee received the report for assurance. Tania Baxter presented the report and noted and corrected an error on Page 3 relating to compliment data. Tania reported that the majority of feedback received this period had been positive. She added that where service users had, had a good experience they found staff	

	empathetic and similarly those who had not had a good experience found staff unempathetic. A total of 18 care opinions stories had been received and the detail of how teams had made improvements had been included in the report. Tania advised that the timescale for reporting complaints to NHSSCCG is agreed on an annual basis and had been set at 25 days for 2020/21. The Trust revised its Complaints Policy in October 2020 and extended this to 30 days and 40 days for complex cases. The detail in the report aligned to targets. The ward community feedback meetings are a forum for teams to hear feedback from service users on the areas that they felt would have improved their stay. Heather Smith welcomed the report and the richness of the data, she noted it was also a useful resource to triangulate with other reports and used waiting times as an example. Tania responded, that whilst there were complaints they were related to known issues. The Chair believed the Council of Governors would be interested in the data and percentages of positive/negative responses, she asked if trend analysis would be available. Tania advised this would be available for the last quarter. **Committee received the report and noted continued improvement.**	
QAC21/03/053	**Safeguarding Adults and Children - Rapid Recovery Plan** Committee received the report for assurance. Beverley Murphy reported that the recovery plan had been presented to Committee for assurance, she noted that the full risk register had been included and that dates needed to be inserted in the objectives section. **Committee received the report and were assured by the plan. Committee would receive routine progress reports, to include training, staffing and IMST.**	
QAC21/03/054	**Policy Governance Update** Committee received an update and were asked to approve a number of policies. <u>Policy Approval</u> • Chaperone • Dysphagia • Smoke Free <u>Policy Extension to Review Date</u> • Learning from Deaths David Walsh reported that the above policies had been considered at Policy Governance Group (PGG) and recommended to Committee for approval. David advised that the additional testing would be applied to policies as they are renewed and the policy framework would be amended and presented to Audit and Risk Committee for approval. Maggie Sherlock referenced the Chaperone Policy and asked if the Trust delivered chaperone training as she believed CQC would see this as a requirement. Beverley Murphy was not aware of training, but would check if it was included in preceptorship training. She also believed that guidance for health and social care providers would be different to acute care settings. **Committee received the report and approved the above policies.** **Policy Framework to be amended to include reference to the four tests and inclusion of consideration of staff and presented to Audit & Risk Committee.** **Review of guidance in relation to Chaperone training**	DW BM

QAC21/03/055	**Service User Safety Group (SUSG) - (Q3) Report** Committee received the report for assurance Vin Lewin reported that SUSG would be realigning to the new governance structure from 1 April 2021. He reminded Committee that this was the Quarter 3 report and included items discussed during this period. He was mindful that Committee had not always be assured by this report as it had reported on the achievements and not focused on the outcomes. **Committee received the report and noted the content.** **Committee noted that reporting from SUSG in its current form would cease after Quarter 4 to realign with the new governance structure.**	
QAC21/03/056	**Any Other Business** <u>IPQR Reporting</u> Beverley Murphy reported that Committee had not received an IPQR, the next report would be presented in April 2021 and would align with the new governance structure. <u>Elevated Risk (Firshill Rise)</u> Beverley Murphy reported that a number of safeguarding concerns had been raised. Dr Mike Hunter, Richard Bulmer, Salli Midgely and herself will be investigating. The CQC, NHSSCCG and the Local Authority have been informed and will receive regular updates. Committee would receive a report. (April/May) <u>Clover Group</u> Beverley Murphy reported that Clover Group had been removed from the Trust's Statement of Purpose as registered with Care Quality Commission.	BM
QAC21/03/057	**Annual Work Programme** The Chair reported that the work programme would be revised to align to the new governance structure. **Significant Issues to Board of Directors** • Deep Dive Wating Times – Recovery plans in place and risk assessed but concerns with waiting times for specialist commissioned services • Back To Good Board – Committee monitoring the ligature anchor point action plan. Risks noted linked to ensuring patient and staff safety whilst estates work is carried out. • Limited assurance on two reports: Service User Safety Group and Clinical Effectiveness Group. Committee were updated on outcomes and actions and mindful that both groups would realign with the new governance structure. • Escalated Risks reported at Firshill Rise, Committee will monitor. **Changes of level of assurance** The Chair reported that the revised Board Assurance Framework would include the issues discussed at this meeting.	

Date and time of the next meeting:
Wednesday 14 April 2021, 10am to 12:30pm
MS Format: MS Teams

Apologies to: Sharon Sims, PA to The Chair and Director of Corporate Governance
Sharon.sims@shsc.nhs.uk, Tel: 0114 271 6370

Quality Assurance Committee

Minutes of the Quality Assurance Committee held on Wednesday 14 April 2021 at 10am Members accessed via Microsoft Teams Meeting.

Present: (Members)	Sandie Keene, Non-Executive Director (Chair) Dr Mike Hunter, Executive Medical Director Beverley Murphy, Executive Director of Nursing, Professions and Operations Richard Mills, Non-Executive Director Heather Smith, Non Executive Director David Walsh, Director of Corporate Governance
In Attendance:	Tania Baxter, Head of Clinical Governance Richard Bulmer, Head of Service, Rehabilitation and Specialist Services Fleur Blakeman, Director of Improvement, NHSI Lorena Cain, Lead Restrictive Practice (Item 12) Jan Ditheridge, Chief Executive Pat Keeling, Director of Special Projects - Strategy (Item 10a &11) Salli Midgley, Director of Quality Dr Jonathan Mitchell, Clinical Director Helen Payne, Director of Facilities and Estates (Item 10a) Julie Sheldon, Head of Nursing, Community and Acute Services Maggie Sherlock, NHS Sheffield Clinical Commissioning Group Zoe Sibeko, Head of Programme Management Office (Item 10) Neil Robertson, Director of Operations and Transformation Dr Rob Verity, Clinical Director Alun Windle, NHS Sheffield Clinical Commissioning Group Sharon Sims, PA to Chair and Director of Corporate Governance (Minutes)
Apologies:	Greg Hackney, Emma Highfield, Brenda Rhule, Dominic Watts & Julie Walton

Min Ref	**Item**	Action
QAC21/04/058	**Welcome & Apologies** The Chair welcomed members to the meeting and noted apologies.	
QAC21/04/059	**Declarations of Interest** No declarations were received.	
QAC21/04/060	**Minutes of the meeting held on 29 March 2021** The minutes of meeting held on 29 March 2021 were agreed as an accurate record with the following amendments. <u>Ref: QAC21/03/045 Board Assurance Framework</u> Heather reported that her concerns on the quality risk (1) also related to leadership capability as a risk linked to the leadership development programme. <u>Ref:QAC21/03/048 Back to Good Board</u> *Minute to read: The CQC and NHSI are sighted on these areas…….*	

QAC21/04/061	**Matters Arising & Action Log** Members reviewed and amended the action log accordingly, updates on outstanding actions were recorded. The following actions link to the new governance structure: *Action: QAC21/02/037 Lead: (Charis Consulting*) The Chair reported that the review of the work programme had been deferred to May/June 2021. *Action: QAC21/03/44i Lead: Samantha Harrison* David Walsh reported that the amendments to the Tier 2 groups Terms of Reference had been completed. *Action QAC21/04/44ii Lead Samantha Harrison and Salli Midgley* Salli reported that the work programmes for the Tier 2 groups would be completed in May 2021. *Action QAC21/03/56 Firshill Rise* Beverley asked if a conflict of interest from colleagues at NHSSCCG needed to be considered when discussing this item. Alun Windle asked what would constitute the conflict of interest. Beverley reported that colleagues from NHSSCCG are in attendance at this quality meeting and that they also commission this service, and she would like this noted. Jan Ditheridge noted that Alun's participation is welcomed, and she believed would enhance his understanding. She believed from a Commissioners perspective the conflict could be noted. Alun responded that he attends in a supporting role and noted the need for a level of transparency. The Chair confirmed that Alun is in attendance at Committee. *Matters Arising – Safeguarding* Salli Midgley updated and noted that Committee would receive a report in May 2021. • Review of delegated responsibility on safeguarding from the Local Authority and concerns raised in relation to discharging of duties and conflicts in relation to the raising of Section 42 enquiries. Clarification required on One Section 42. • A legal review of delegated responsibilities to be commissioned. • Safeguarding concerns are logged on Insight. Clarity to be sought from the Chief Information Officer in relation to holding personal data on individuals not receiving care. There is a proposal to move data to Ulysses, (Incident & risk management system) from May 2021. • An interim safeguarding lead appointed following concerns related to absence and capability. They will also review processes. • Training levels to be reviewed to align with new recommendations, the compliance rate is 90% not 80% as indicated in the Integrated Performance & Quality Report. Alun Windle believed this update gave the Committee good assurance, he was also aware that NHSSCCG had supported work on Safeguarding Standards and Key Performance Indicators. Salli Midgley advised that her report in May would acknowledge the support from NHSI and NHSSCCG and include details of the new Health Education England (HEE) training programme, the KPIs, work programme and audit.	SM - May
QAC21/04/062	**Annual Quality Report and Quality Objectives** Committee received the report and were asked to approve it. Tania Baxter reported that Department of Health and Social Care had not published guidance for changes to the content for the 2021 Quality Account, which is published on 30 June 2021. The Quality Account would not be required to form part of the Annual Report and trusts are expected to include a section on quality and performance. The quality objectives for 2020/21 that aligned to the Trust's strategic objectives had focused on Getting back to good; Covid-19 and Transformation. Tania reported that following consultation with Operations, the Quality and Patient safety teams a total of seven had been identified for 2021/22 and listed in the report, they linked to themes in the IPQR. Further consultation is planned and included the Council of Governors on 19 April 2021.	

	A further draft aligned to the strategic objectives would be presented to Committee in May and the final report in June 2021. Heather Smith asked if there could be consistency in language, the Quality Account and the Operational Plan reference quality objectives and strategic priorities, to differentiate between Trust and Committee focus. Heather referenced the IPQR and the Back to Good report and believed there were areas that Committee had discussed that did not align to the ones proposed, she used waiting times as an example. She was also concerned there was silo working, and that whilst inequalities and health & well being and safety of staff linked to People Committee it was not seen wider across Committees. She suggested a quality objective linked to staff. Jan Ditheridge reported that the task is to evidence the quality objectives and detail how they had been achieved in the three areas. She believed the proposed ones were mixed in relation to scale and measurability and would be looking for evidence to support achievement. In response to the points raised in relation to health & wellbeing and inequalities Jan believed that the restrictive practice work was focused in these areas and should relate to both staff and service users. Beverley believed Committee had been discussing limiting the quality priorities to focus on three areas that would have the most impact on service users and deliverable over three years. She believed this detail was missing from the report. Pat Keeling referenced suicide and self-harm and would have expected ligature anchor points and the environment to covered. Dr Mike Hunter would like the statement to be clear in relation to underlying drivers and improvements to safety. eg: increasing therapeutic care whilst reducing restrictions and inequalities. Fleur Blakeman advised that the objectives were varied and needed to be SMART and aligned to improvement. She referenced the one linked to the use of IT Systems and emphasised that accurate recording and data input was key. Salli Midgley advised that the list was collated at the start of the consultation with staff and that she was mindful there was broader engagement with service user groups and to ensure this happened she suggested Committee receive an update in June 2021. The Chair agreed to receive an update in June and noted that Tania had advised it was not required as part of the Annual Plan. The Chair advised that Tania and herself were presenting to the Council of Governors in April and she would update Governors on today's discussion. Tania thanked members for their contributions and had been keen to share what staff had said, she was mindful of the overarching improvement agenda for the delivery of therapeutic care and the need to engage with People Committee. The Chair noted the key points from the discussion had included, alignment, evidence, measurable targets, forward thinking, further engagement, measurable objectives, all with service user focus. **Committee received the report and noted the content** **Committee agreed to receive an update in June 2021.**	
QAC21/04/063	**Board Assurance Framework Risks 2020/21** Committee received the report for approval of the quality risks Beverley Murphy presented an updated iteration. She reported that she had developed the risks further and added the controls, gaps and assurances and asked Committee to consider and approve them. She also asked Committee to consider risk ratings she had assigned to each risk prior to controls and mitigations and was mindful this would be a	

	"live" document; Quality of Care – High (15); Covid-19 – Moderate and Service User Safety – High Beverley added that further work is being undertaken by Charis on the work plan that would align with agendas and triangulate with the Corporate Risk Register. David Walsh referenced the target risks noting they were low and advised that patient safety risks should be zero (Score 1-4) and quality risks should be low (Score 5-8). This aligned to the Risk Management Strategy. Committee discussed the risks and gaps in control. • Quality of Care – gaps in control linked to data quality, internal and clinical audit, training, policies and procedures. Jan Ditheridge asked for assurance the Committee would be sighted on the risks that would be removed as the BAF is developed. She was also mindful that a number of them were reliant on external factors and believed this could be strengthened. Fleur Blakeman believed any risk attributing to staff non compliance or adherence to policies and procedures resulting in gaps in control needed to be articulated. Richard Mills asked if Finance and Performance Committee should be carrying out the same exercise for their risks. David advised that committees were reviewing their risks and were at different stages, noting that this Committee was more advanced. The Chair asked if Committee supported the recommendation for the rating and questioned whether the likelihood should be escalated from moderate to high. Fleur would question the likelihood between 3 or 4 and added that the Care Quality Commission (CQC) had identified patient safety as a going concern and whilst improvements had been made was mindful of the risks and barriers to achieving the strategy and ambition to improve quality of care. Jan asked if the Clinical Directors had a view. Dr Jonathan Mitchell believed there were a number of controls to mitigate and believed the starting likelihood was higher than rated. Dr Mike Hunter and Dr Rob Verity were of the same view. Salli Midgley believed the likelihood should be high and attributed this to the safety concerns. Committee agreed to amend the risk score to 20. The Chair noted there were a lot of controls related to staffing under the service user safety risk and as it was rated high risk (20) she would have expected to see more linked to estates management. Pat Keeling agreed to review with the Director of Estates and Facilities. Salli noted the reference to gaps in nursing staff and recalled a discussion from Mental Health Legislation Committee which had identified gaps in medical workforce and a quality impact and believed that should be referenced. Dr Mike Hunter advised that the legislative changes to Mental Capacity Act - Liberty Protection Standards (LPS) and likely changes to the Mental Health Act will result in increased responsibility and workload and would impact on medical workforce with the development of new roles. **Committee received the report and supported the recommendations for Covid and Safety risk scores, Committee agreed to increase the quality risk score to 20. Beverley would continue to work on the controls and gaps and liaise with members for further comment.** **Committee requested a review of the controls relating to estates management linked to the service user safety risk.**	BM PK
QAC21/04/064	**Presentation: Reducing Restrictive Practice Strategy** Committee received a presentation for information. Lorena Cain presented an update on the development of the Restrictive Practice Strategy.	

	The presentation headlines focused on the following: • Why – a focus on human rights • Co-production1 – engagement with service users, experts by experience and staff, learning from incidents and use of best practice guidance of involving and learning • Co-production2 – Establishment of the Least Restrictive Practice Group and operational groups. Development of literature and material • Links to others – alignment to other projects, development in technology and training to create therapeutic environments (Acute Care Modernisation) • Aims – a three year co-produce programme to minimise restrictions. Confident staff with right skill set and good leadership. • Priorities – 6 that focus on Clinical skills/knowledge; data recording; learning ad leadership; environment and technology; involvement and information and policy and procedures • Delivery - review of the clinical model and introduction of Safewards, review of data, dashboards and Key Performance Indicators (KPIs) alignment with the strategic objectives • Hot Spots - incident reporting procedure, clinical scenarios and showcase and celebrate areas of good practice. Support for staff to stay safe. Creating a good environment. Training. Retain focus on human rights inequalities and advocacy. The Chair thanked Lorena for her presentation and was pleased to see the service user focus and co-production. Dr Mike Hunter being an advocate for Safewards was mindful the set up could appear slow and asked if there was a way to expedite this. Lorena believed some of the early adopters had focused on targets and there was some learning from this approach and the need to engage with staff and service users. The recommendations are for between 12 months and 2 years to fully implement and embed, using a staged approach. There are three sessions planned over the next month involving the ward champions, Psychologists and Occupational Therapists and they would be tasked with working on 2 elements with service users, which could take time. Beverley Murphy believed the presentation had raised a number of questions and was concerned these may not all be quality focused and suggested that Committee receive a report that that gives assurance that the work being undertaken. Richard Mills whilst mindful of the ward upgrades and estates work would be looking for assurance that new ways of working were being embedded and that technology had been improved. The Chair noted that the 6 priorities outlined would be tracked and Committee would receive assurance through this reporting. Pat Keeling advised Committee that Lorena had shared the presentation at the Estates Strategy Implementation Group, and they would use the evidence base and feedback to inform the Strategy. Salli reported that the Least Restricted Practice Group reported into the Mental Health Legislation Committee and suggested that the MHLC quarterly report was shared with Committee for information. **Committee received the presentation and noted the development of the Strategy.** **Committee to receive a report to give assurance of the work.** **Committee to receive the quarterly report presented to MHLC for information.**	
QAC21/04/065	**Corporate Risk Register (CRR)** Committee received the report and were asked to approve the recommendations, David Walsh referenced the snapshot of risks on pg 3 and reported that all risks would have the narrative of restrictions revised. The current risk scores on risk 4407 smoking/fire and 4079 waste management had reduced below the CRR threshold score of 12 and two further risks 4189 and 4140 linked to Medicines - EU Exit had remained static. Committee were asked to consider de-escalation to directorates. David also	

	noted that the risk 4330 relating to SPA waiting times had also fallen below the threshold but would not recommend its de-escalation. He reported that the Risk Management Strategy would be presented to Audit and Risk Committee with a recommendation to move monthly updates and dispense with quarterly reporting. Beverley Murphy commented on a number of risks; Risk 4124 – therapeutic engagement as a major control to reduce violence is missing. Risk 4140 – query the rating Risk 4676 – to be reviewed following physical health 360 internal audit and move risk owner to General Manager Risk 4340 – full review to align with recovery plans. Dr Mike Hunter reported that risk 4407 was held by the Director of Operations and that he was the executive lead for smoking and whilst there had been significant improvement, he felt that it needed to be retained on the CRR. Mike reported that 4189 related to falsified medicines directive was a corporate risk, during a period of deciding to leave and leaving the EU, the UK had been non compliant with a piece of European legislation relating to access to a database. This is no longer a corporate risk. Risk 4140 related to the supply chain of medicines, as Chair of the Sheffield Accountable Care Partnership Pharmacy Group Mike reported that there had been no significant deterioration in supply. The Chair reported that Committee had received verbal updates on a number of risks to potentially change their status and noted that evidence had not been included in the narrative and asked whether Committee should consider the recommendations. David advised that the Risk Management Strategy stated a risk falling below 12, could be de-escalated to directorates unless there was good reason to retain on the CRR. Heather Smith in support of the Chair believed that the CRR needed to be amended based on the verbal evidence received. **Committee received the report and requested that the evidence given in the meeting is updated on the system and presented to Committee to consider the recommendations to de-escalate a number of risks.**	DW
QAC21/04/066	**Complaints and claims processes** This item was deferred to May 2021	
QAC21/04/067	**Integrated Performance and Quality Report** Committee received the report for assurance Beverley Murphy reported on the key areas the Committee needed to focus on • Over reliance on restricted practice, specifically seclusion. Ward G1 in their management of risks use enhanced observations which can be intrusive. • Recovery plans for out of area require a review as they are not meeting trajectory • Vacancies in Band 5 nurse posts on the acute wards, requiring bank and agency. • Learning lessons from incidents, positive impact and closedown of incidents. • Environmental risks, gaps in clinical risk management. Beverley reported that the Performance Review Framework had been launched and the first directorate quality and performance reviews had taken place in March 2021, she added that risk awareness was being cascaded through service lines. Richard Mills welcomed the inclusion of community data in the IPQR and asked if there was a trajectory for filling the gaps in the data and how the data can be benchmarked to inform the Community Strategy. Heather Smith from an assurance perspective would like to see a brief update on the key areas reported the previous month. Concerns were raised that out of area usage had not reduced and that the recovery plans had not impacted. Beverley advised that the Neil Robertson had been tasked with reviewing the plans and would report back to Committee in June 2021.	

	Jan Ditheridge reported that out of area had been raised at system level, resulting in a deep dive, a number of 12 hour breeches in Accident & Emergency had been identified and the system were looking at ways to support. Fleur Blakeman referenced catastrophic incidents and noted it is reported that the trust is comparable with other trusts. She asked for assurance that this reflected the size of the Trust. She noted that serious incidents had in the past been broken down by clinical area and that this had been useful in identifying trends. She added that there was also reference to lessons being learnt, but they are not articulated. Beverley reported that the National Learning and Reporting System (NLRS) is used as a comparator and to grade incidents. She expected to see improvements with the strengthening of team to Board reporting. In relation to lessons learnt Beverley advised that Committee had been sighted on the new template and would receive reports in due course. Alun Windle added that he would be seeking assurance of effective learning and how this is shared wider across the Trust. **Committee received the report and noted the areas of concern.** **Committee requested a summary of key focus areas for the previous month.** **Committee to receive a refreshed Out of Area recovery plan (June 21)**	
QAC21/04/068	**Back to Good Board** Committee received the report for assurance and information Zoe Sibeko reported the Back to Good Board at the end of year 1 had focused on oversight and delivery of the actions. The alignment of the Back to Good Board and leadership team to focus on delivery of high quality care had also been discussed. A total of 59 of the 70 actions had been completed. An action related to safeguarding of children was due for completion. The outstanding actions which were progressing related to physical health, fire risks related to smoking, ligature anchor points, staffing and a number of actions related to the environment and the estates programme. Next steps would be to close down of year 1 and final report to update on performance, plan, objectives, to include a section on lessons learned and taking this into year 2 The results from a recent survey will also be included in the report. The Chair asked if there had been development on the evaluation of the Board visits. Zoe advised they had not been an action from the Back to Good Board and developed under the quality agenda and led by Salli Midgley. Jan Ditheridge referenced the Physical Health Strategy and asked what difference it had made to service users. Dr Jonathan Mitchell advised that improvements had been made in relation to monitoring, and the next stages to implement and embed included training, changes to the environment and IT technology and longer term health promotion to give a better outcome to service users and reduce the mortality gap. Jan Ditheridge asked when the ligature risk would be significantly reduced. Pat Keeling reported that the target date was December 2021. Beverley Murphy advised that the clinical risk management policy was in place and a number of gaps had been identified. The learning from a recent CQC visit to Tees Esk and Wear Valleys NHS FT in relation to the management of ligature anchor points would be a good resource. Julie Sheldon is leading on rapid improvement work during April and May. Dr Mike Hunter in response to the question raised on the physical health strategy reported that the smoking cessation programme had, had a significant impact in reducing the use of tobacco. The Chair believed the use of rapid tranquilisation had been part of the physical health strategy and asked if there had been improvement. Mike responded that there had, using a systematic paper based system.	

	Salli advised that a ligature risk escalation process had been introduced and staff could raise concerns. She was also aware of further physical health work in the management of diabetes for service users on the in-patient wards. She added that whilst the safeguarding children action had been closed there were further conversations required with the Local Authority to reach agreement on the new referral system. Heather Smith referenced the narrative on the concerns relating to compliance and asked if Committee could receive assurance and that quality processes were consistency applied and had longevity. **Committee received the report and noted the closedown of year 1 and that a final report would be presented to Committee.** **Committee noted further work on ligature anchor points and associated risks.** **Committee to be assured of the impact of the physical health strategy.** a) <u>Ligature Anchor Points</u> Committee received a report for assurance and information. Pat Keeling reported that there are multiple estates projects, which included ward redecoration, seclusion room, dormitories, ligature anchor points, window safety and alarm systems. A plan had been developed to complete the ligature anchor point work in 24/7 services, the majority of work is scheduled for completion by December 2021 and all areas during 2022. Alternative accommodation is also being sourced to be used as a decant ward and to speed up the programme. Beverley advised that the Acute Care Modernisation (ACM) Programme Board would receive the options appraisal for the accommodation. Richard Mills was mindful that all the estates projects were culminating into a major change project and would support suggestions to expedite the process. He would be discussing this in Finance and Performance Committee (FPC). Alun asked if the refurbished space at Woodland View would be used, Pat advised that this had been refurbished in preparation for Winter pressures. She added that work on Dovedale 2 another decant areas was nearing completion. **Committee received and noted the update.** *Jan Ditheridge and Alun Windle left the meeting*	
QAC21/04/069	**Operational Plan 2021/22 (DRAFT)** Committee received the report for assurance and comment Pat Keeling reported that the plan had been developed through engagement with services and the senior leadership team. Committee were asked to comment further. Richard Mills referenced the issues to improving access and the need to emphasis sustainability and community services initiatives. He asked how performance would be reflected and tracked in the IPQR. Fleur Blakeman referenced the section on increased demand and noted that activity had slowed during the pandemic resulting in higher waiting lists. She acknowledged it had been challenging for staff but did not see this articulated for patients. She added that the structure was good and narrative that could be shared to ensure engagement and co-production. **Committee received the report and noted the progress.**	
QAC21/04/070	**Care Act Knowledge and Competency Improvement Plan (V1)** Committee received the report for information Beverley Murphy reported that the training plan had now been developed. The Chair asked for assurance on monitoring and reporting of improvements. Beverley suggested this was included as part of the review of records (internal audit plan).	

	Committee received and agreed to adopt the plan	
QAC21/04/071	**Quality and Equality Impact Assessment Policy** Committee received the policy for information. Salli Midgley reported that the new policy had been developed and would go through governance process to Policy Governance Group (PGG). The Equality and Quality Impact Assessment Panel had been established and would be jointly chaired by the Executive Medical Director and Executive Director for Nursing, Professions and Operations. **Committee received the policy for information and noted the quarterly reporting.**	
QAC21/04/072	**Policy Governance Group** No Policies were due at Committee during April 2021	
QAC21/04/073	**Any Other Business** **Emerging Quality Risks** Beverley Murphy reported on a number of risks. <u>Firshill Rise</u> The following would be taken forward as a result of the concerns raised: safeguarding concerns, serious incident review and an HR investigation. Alun Windle, Senior Nurse, CCG had visited the unit and the Local Authority would undertake a Section 42 review. Following a staffing review a number of staff had been removed from clinical areas whilst the investigation is carried out and the leadership team strengthened. A report would be presented to Committee June/July 2021. The unit is closed to new admissions, the four service users are having their care packages reviewed. <u>Safeguarding</u> Delegated duties - weakness in oversight and holding to account. <u>Ward G1</u> Concerns in relation to enhanced observations and seclusion and use of temporary staff. Assurance had been given by Emma Highfield, Head of Nursing that actions are in place and Neil Robertson had spent time with the team to review and advise. A deep dive of G1 is planned for June/July 2021.	BM
QAC21/04/074	<u>Annual Work Plan</u> Committee received the current work plan for information, it was noted that work to revise the plan was being undertaken as part of the work led by Charis Consulting. Any areas relating to Mental Health Legislation would transfer to MHLC. <u>Significant issues to report to the Board of Directors</u> • IPQR - Out of area placements not on trajectory • Ligature anchor points - continued support and acknowledge scope of work • Firshill Rise - investigation identifying quality risks • Safeguarding - continued monitoring re: delegated responsibilities and the roles and responsibility of Local Authority/Safeguarding Board <u>Changes in level of assurance/ BAF</u> Discussion under Minute: QAC21/04063. Review of quality risk scores	

Date and time of the next meeting:
Wednesday 12 May 2021 at 10am
Format of meeting to be confirmed
Apologies to: Sharon Sims, PA to Chair and Director of Corporate Governance
Tel: 0114 271 6370 email: Sharon.sims@shsc.nhs.uk.

Sheffield Health and Social Care NHS Foundation Trust

Audit & Risk Committee (ARC)

ARC 20.04.21
Item 03

Notes of the Audit & Risk Committee meeting held on Tuesday, 19 January 2021
At 1.00 p.m. – Microsoft Teams Meeting

On the teleconference:

Present:
Mrs. Anne Dray, Non-Executive Director, Chair: Audit & Risk Committee
Ms. Sandie Keene, Non-Executive Director, Chair: Quality Assurance Committee
Mr. Richard Mills, Non-Executive Director, Chair: Finance & Performance Committee

In Attendance:
Mr. Phillip Easthope, Executive Director of Finance
Mr. David Walsh, Director of Corporate Governance/Board Secretary
Ms. Beverley Murphy, Executive Director of Nursing, Professions & Operations
Ms. Leanne Hawkes, Deputy Director, 360 Assurance
Mr. Robert Purseglove, Principal Anti-Crime Specialist
Ms. Elaine Dower, Auditor, 360 Assurance (for item 12)
Mr. Rashpal Khangura, Director, KPMG
Mr. Matthew Moore, External Audit Manager, KPMG
Ms. Samantha Harrison, Governance Consultant (for item 20)
Mr. Terry Geraghty, Emergency Planning Officer (for item 16)
Ms. Daisy Bellis, Trainee, KPMG (observer)
Mrs. Jeanine Hall, PA (minutes)

Apologies:
Mr. James Sabin, Deputy Director of Finance
Ms. Lianne Richards, Client Manager, 360 Assurance

No	Item	Action
Agree Meeting Behaviours As the meeting was to be held via MS Teams arrangements, the Chair reaffirmed meeting etiquette to ensure that agenda items received the appropriate level of discussion and consideration, and that members could contribute to the discussion/ask questions as necessary.		
ARC 2021/01/001	**Welcome & Apologies for Absence** The Chair welcomed members to the meeting and no apologies were noted. The Chair also noted that Ms. Daisy Bellis, Trainee, was observing today's meeting as part of her placement with KPMG.	
ARC 2021/01/002	**Declaration of Interests** None.	
ARC 2021/01/003	**Notes of the meeting held on 20 October 2020** The notes of the meeting held on 20 October 2020 were agreed as an accurate record and would be received at the next Open Board of Directors' meeting for information.	
ARC 2021/01/004	**Matters Arising & Action Log** Members noted the actions arising from previous meetings and updated the action log accordingly.	

ARC 2021/01/005	**KPMG External Audit Plan 2020/21** Mr. Khangura and Mr. Moore provided an overview of the financial statements audit process for the year ending 31 March 2021, including an outline of the risk assessment and planned audit approach. Members were advised and noted the change in 2020/21 value for money reporting requirements following publication of the revised Audit Code of Practice to include an enhanced risk assessment on vfm arrangements within the Trust. The impact of Covid19 both in respect of operational delivery and the financial regime that continues to operate during 2020-21 is acknowledged and will be monitored for any further impact on the audit for 2020-21. Noted that confirmation of the reporting timetable has been received since this report was prepared and a submission date of 15 June 2021 has been confirmed for final audited accounts. Mr. Easthope confirmed that the Trust would not be applying for an extension to this timeframe. Mr. Khangura advised that the outcome of the risk assessment work and identification of key risks would be available at the next meeting for review. Noted that clarification is still awaited on the quality report requirements for this year, although it is anticipated that this will not be required. Members noted the breakdown of the audit fee for the year ending 31 March 2021, noting the additional fee to reflect the additional responsibilities in respect of the value for money risk assessment and that the Quality Account fee was subject to confirmation once clarification is received from the centre. The Chair thanked Mr. Khangura and Mr. Moore for this overview of the external audit planned work programme.	
ARC 2021/01/006	**2020/21 Annual Report & Accounts Production Timetable** Members acknowledged receipt of the current Annual Report and Accounts production timetable. Mr. Walsh advised that this timetable had been impacted by the issue of the guidance letter issued late last week but assured members that a process is in place to prepare the Annual Report & Accounts. He further advised that once the Annual Reporting Manual (ARM) 2020/21 is received work can commence on producing the first draft of the Annual Governance Statement for receipt through governance processes. The Chair thanked Mr. Walsh for this update and noted that arrangements are in place to prepare the relevant documentation for receipt through committees onto Board.	
ARC 2021/01/007	**Accounting Policies & Financial Reporting Manual 2020/21 Update** Mr. Easthope presented a briefing paper to members on the anticipated amendments to be made to the 2019/20 Accounting Policies for inclusion in the 2020/21 Annual Report & Accounts, noting the current delay in receipt of the ARM. The paper is presented for awareness pending any final national changes which will be incorporated once the ARM is received; at which point an updated paper will be prepared for receipt at ARC. Members approved changes and noted potential further changes.	
ARC 2021/01/008	**Preparation of Accounts – Draft Going Concern Report** The committee received the draft Going Concern Report which will require approval by the Board of Directors as part of the Annual Accounts process.	

	Members were reminded that the accounting concept of Going Concern is a fundamental principle in preparing the Financial Statements and that the organisation must consider whether it views itself as having the resources in place to remain viable and continue in business for the foreseeable future (at least 12 months). Mr. Easthope noted that, in a change from previous years, we are currently forecasting a deficit position, which is addressed in the report. At the time of writing the national planning guidance and ARM 2020/21 have not been released, therefore, the final version will incorporate any required changes. Members acknowledged the draft statement presented within the paper and agreed at this stage to recommend that the Board approve the preparation of the Annual Accounts on a going concern basis, noting that the final report would be prepared to reflect national guidance/ARM.	
ARC 2021/01/009	**Initial Draft 2020/21 Annual Governance Statement** As indicated earlier in the meeting, Mr. Walsh reaffirmed that the production of the AGS has been impacted by the delay in receipt of the ARM. Following brief discussion, it was agreed that the draft AGS would be prepared as soon as the guidance is received and that members would be advised of the timeline for production; comments requested and kept informed of progress through email in anticipation of a final draft being received at April's ARC meeting.	
ARC 2021/01/010	**Standing Orders, SFIs, Standards of Business Conduct – Breaches Report** Mr. Easthope presented this briefing paper for the committee's information and advised that it provided details of SFI breaches in the period Q4 2019/20 and Q1 to Q3 of 2020/21. The report will also be received by the Finance & Performance Committee (FPC) who will determine if any processes need to be amended or further action taken. Members noted the detail of the paper; the low level of breaches and that there were no significant control issues or concerns with regard to the implementation and adherence to SFIs/SOs etc. It was confirmed that any learning from the process will be discussed in more detail at Finance & Performance Committee and that any changes proposed as a result of the findings in this briefing paper would be incorporated into the next scheduled review of the key documents and received by the Audit & Risk Committee in due course. Members acknowledged receipt of the report.	
ARC 2021/01/011	**Digital Information Governance Group – Bi-Annual Report** Members acknowledged receipt of the bi-annual report from the Digital Information Governance Group (DIGG) which provided detail of information governance incidents; Freedom of Information and Subject Access Requests received at DIGG for quarters 1 and 2 of 2020/21. Mr. Easthope advised that whilst the report makes mention of a previous request from ARC regarding benchmarking of information governance incidents, it is acknowledged that this area requires further work and follow up in order to provide the relevant assurances in this area and he assured members that this is being followed up. Mr. Walsh confirmed that work continues to strengthen arrangements and there have been improvements in respect of response to SARs and FOI requests. Members noted that as part of the overall Trust governance review, DIGG will be reviewing the timeliness of its meetings to ensure correlation with the intended	PE

	revised Board and committee arrangements. NED members commented that it would be helpful if this report provided a higher profile to any learning identified as a result of the incidents' experiences. In response to a query regarding discussions with the Information Commissioner's Office regarding recent Insight incidents, Mr. Easthope confirmed that the planned Insight penetration test has now been completed, the outcome and further feedback/learning is being compiled into a governance report for receipt at the relevant groups. This report once approved will be submitted to the ICO at which point the ICO will provide an update on the follow up action they intend to take. On behalf of the committee, the Chair noted this update and the further benchmarking work planned and welcomed the consideration to be given to identify future learning.	
ARC 2021/01/12	**360 Assurance Internal Audit Progress Report** *Ms. Elaine Dower, Auditor, 360 Assurance* Ms. Richards confirmed the key messages since the last meeting, noting the finalisation of the "Monitoring and Governance of Mental Health Act, Mental Capacity Act and associated Codes of Practice" report with limited assurance, which was discussed in detail at the last ARC meeting. It was agreed that this outcome would be escalated to the Board as part of the significant issues report. Ms. Murphy provided an assurance that steps are being taken in conjunction with the new Director of Quality, Salli Midgley, to address the findings and agreed actions of this audit within the agreed timeframe. Ms Keene also confirmed oversight of these matters by the Quality Assurance Committee. Noted that delays had been encountered in receiving information and approval to issue reports in respect of Physical Health and Staff Engagement and this will impact the timeframe for issue of these final reports. Members were also advised that a request had been received from the lead Director to change the original scope of the intended Governance – Tier 2 Meetings review to focus on risk management. In view of the current governance review being undertaken and the need to ensure any changes are embedded, members approved that change to plan. With respect to progress on the 2020/21 Head of Internal Audit Opinion work programme, it was noted that stage 2 of the work was now complete and that 3 medium risks had been identified and actions have been agreed to address these risks. Noted that response to the supporting Board survey was still low and that this was being followed up. Members were advised that the completion rate for follow up actions had dropped to 56% and that work is being undertaken in conjunction with 360 Assurance to improve this position. Whilst robust internal processes are in place it is acknowledged that Covid19 has impacted the ability to deliver against these actions but that the process is being reinvigorated to deliver the improvements necessary. With the ongoing impact of the pandemic being felt and the delay of a number of issues and timeframes, it was considered important to consider, in the regular meetings currently taking place about working arrangements, the prioritisation of items and ensure the capacity is in the right area to address. Noted that the delay of the full roll out of the Integra Fixed Assets Module has resulted in the postponement of the asset register review which will now be considered as part of the 2021/22 planning process.	Chair

	It was noted that delivery of the plan was currently behind schedule, although Ms. Hawkes confirmed that she was confident the plan could be delivered but that the Trust needs to work with 360 Assurance to make this happen, acknowledging the pressures in the system.	
ARC 2021/01/13	**360 Assurance Counter Fraud, Bribery & Corruption Progress Report January 2021** Mr. Purseglove presented his progress report to the committee, noting that this provided an overview of progress made in the period October 2020 to date in relation to completion of work against the Trust's 2020/21 Counter Fraud Plan. He confirmed the plan is on track for delivery of the agreed number of days. No new cases have been opened since his last report and that Fraud Awareness Month during November was successfully completed on a virtual platform. In response to a question regarding being able to measure the impact and benefits of the counter fraud work, Mr. Purseglove confirmed that the annual assessment process provides a basis to evidence the impact and effective outcome of counter fraud work within the Trust. He outlined the work undertaken as part of this process. Members were advised that Counter Fraud had been requested to complete the National Fraud Initiative work on behalf of the Trust, which is a separately chargeable piece of work. It is anticipated that this will involve an additional 10 days split over the years 2020/21 and 2021/222 and was approved by Committee. Members noted the progress against plan and thanked Mr. Purseglove for the update.	
ARC 2021/01/14	**Board Assurance Framework 2020/21** Mr. Walsh presented the 2020/21 Board Assurance Framework and, due to its late circulation, he highlighted those significant changes since it was last received, the most significant change being the addition of a new risk BAF0009 in respect of risks around being able to delivery statutory safeguarding reports. All risks associated with the People Committee have now been reviewed and will be reissued once received and agreed by People Committee at their next meeting. It was noted that although the BAF continues to be reviewed, there are still a number of leads identified who have left the Trust and these require update. Mr. Walsh confirmed that agreement had been reached that the refresh of the Risk Management Strategy will include the proposal for the BAF and CRR to be received at every committee meeting for the next year at least, not quarterly as at present. It is also intended as part of the strategy refresh to revise the presentation of both the BAF and CRR to make it much more accessible. It is hoped that this process will be complete for April committees and May Board and further discussion regarding this process will take place within the forthcoming Board Development Session. NED members welcomed the receipt of the BAF at committees on a monthly basis as well as the approach being taken in respect of the refresh of the Risk Management Strategy, BAF and CRR and noted the new risk BAF0009.	
ARC 2021/01/15	**Corporate Risk Register 2020/21** Mr. Walsh presented the updated Corporate Risk Register for members' review. He advised that, following comment at the October ARC meeting, risk 4407 had been reviewed and updated. Mr. Walsh noted that comment made under the previous agenda item in respect of the BAF would also apply to the development of the CRR over the coming months. The committee noted the current oversight by the Executive Team and the	

	processes being undertaken to develop the CRR further.	
ARC 2021/01/16	**Emergency Preparedness Resilience & Response Assurance Framework & EU Update** (*Mr. T. Geraghty, Emergency Planning Officer, in attendance)* Mr. Geraghty provided an update for the committee in respect of EPRR compliance standards; response to the Covid pandemic (including phase 3 response work) and the progress of an EU exit. He confirmed that the Trust has self-assessed as "substantially compliant" in the 2020/21 process and that the remaining two standards partially met from 2019/20 relating to lockdown plans and data protection security are still to be fully met, noting that progress on these standards had been impacted by the pandemic. Members noted the position in respect of the compliance with the EPRR compliance standards. Following discussion regarding the EU transition, members acknowledged that there are no current issues, that NHS Supplies have mitigation plans in place and that the Trust has identified leads for all key areas.	
ARC 2021/01/17	**Audit & Risk Committee: Self-Assessment Process 2020/21** After consideration of the options paper presented by Mr. Walsh in respect of the committee's annual self-assessment exercise, it was agreed that undertaking this process on a collective basis was the preferred option. Mr. Walsh agreed to liaise regarding the identification of time in diaries to complete this process.	DW
	Ms. Murphy left the meeting at this point.	
ARC 2021/01/18	**Third Party Assurances** As part of its remit, the committee received a report detailing specific third-party assurances in respect of the processes undertaken for the recent external audit tender and procurement of Microsoft licences. It was agreed that further iterations of this assurance paper will include an indication of how these third party contracts will be monitored and assessed. The committee noted their increased assurance in this respect and that work will be undertaken to build on the information; monitoring processes and assurances provided going forward.	
ARC 2021/01/19	**Policy Governance Summary** The committee formally ratified approval of the following policies, noting that they have been received and agreed through the appropriate governance processes: • Cashiering & Petty Cash policy • Media policy • Procurement policy • Waste Management policy Members also noted the approval of an extension to review date for the following: • Accessing Legal Advice • Non-NHS Income Policy Mr. Walsh assured members that full review of the reasons for extension of review dates is undertaken to ensure there are no underlying issues which require addressing. On this occasion, PGG were happy to approve the extensions	

	requested. The committee acknowledged receipt of the initial revision of the Policy Governance Group's terms of reference, noting that the final iteration would be formally received at the April ARC meeting for ratification. Mr. Purseglove assured members that he is fully involved in the review and update of policies from a counter fraud perspective. Members were pleased to note that in considering any policies and/or extension requests, PGG consider and satisfy itself against the four "tests", however, it was noted that the assurance paper received does not provide formal confirmation that these four tests had been met in this instance. Mr. Walsh thanked members for this feedback and agreed to reflect this additional assurance in future papers.	DW
ARC 2021/01/20	**Corporate Governance Structure – Review Update for Groups Reporting into Audit & Risk Committee** *(Samantha Harrison, Governance Consultant, in attendance)* Members acknowledged receipt of this report which provided an update on the review of the governance structure and groups reporting into the Audit & Risk Committee, which is part of the overall Well Led development work plan. Ms. Harrison advised that following discussion on risk management it is proposed that an additional governance group (Risk Oversight Group) be developed to report into ARC, further detail of which is provided in the paper received by members. Members agreed the development of this additional group and noted that proposed terms of reference were being developed for receipt at the April ARC meeting. Members noted the progress and status of the governance action plans relating to each of the groups reporting into ARC.	
ARC 2021/01/21	**Single Tender Waivers** Members noted receipt of the following single tender waivers approved by the Executive Director of Finance: i. CTW20/21-09 Wardsend Road Furniture ii. CTW20/21-11 Wardsend Road Datacentre	
ARC 2021/01/22	**Any Other Business** None.	
ARC 2021/01/23	**i. Significant Issues Report** Agreed that the significant issues report would be compiled following discussion between the Chair, Mr. Easthope and Mr. Walsh. **ii. Changes in Level of Assurance** Following consideration of the items on today's agenda, no change in levels of assurance were requested in respect of the 2020/21 Board Assurance Framework. **iii. Review of Future Meeting Agenda** To be undertaken outside of the meeting.	

Date and time of next meeting: Tuesday, 20 April 2021 @ 1.00 p.m.
Apologies to: Jeanine Hall, PA to Chief Executive & Executive Director of Finance
Tel 2716716; email Jeanine.hall@shsc.nhs.uk

Jan 2021 approved AD

Sheffield Health and Social Care NHS Foundation Trust

Audit & Risk Committee (ARC)

ARC 18.05.21
Item 03

Notes of the Audit & Risk Committee meeting held on Tuesday, 20 April 2021
At 1.00 p.m. – Microsoft Teams Meeting

On the teleconference:

Present:
Mrs. Anne Dray, Non-Executive Director, Chair: Audit & Risk Committee
Ms. Sandie Keene, Non-Executive Director, Chair: Quality Assurance Committee
Mr. Richard Mills, Non-Executive Director, Chair: Finance & Performance Committee

In Attendance:
Mr. Phillip Easthope, Executive Director of Finance
Mr. David Walsh, Director of Corporate Governance/Board Secretary
Ms. Beverley Murphy, Executive Director of Nursing, Professions & Operations
Ms. Leanne Hawkes, Deputy Director, 360 Assurance
Ms. Lianne Richards, Client Manager, 360 Assurance
Ms. Amanda Smith, Anti-Crime Specialist, 360 Assurance
Mr. Rashpal Khangura, Director, KPMG
Mr. Terry Geraghty, Emergency Planning Officer (for item 19)
Mrs. Jeanine Hall, PA (minutes)

Apologies:
Mr. James Sabin, Deputy Director of Finance
Mr. Robert Purseglove, Principal Anti-Crime Specialist

No	Item	Action
Agree Meeting Behaviours As the meeting was to be held via MS Teams arrangements, the Chair reaffirmed meeting etiquette to ensure that agenda items received the appropriate level of discussion and consideration, and that members could contribute to the discussion/ask questions as necessary.		
ARC2021/ 04/024	**Welcome & Apologies for Absence** The Chair welcomed members to the meeting and apologies noted.	
ARC2021/ 04/025	**Declaration of Interests** None.	
ARC2021/ 04/26	**Notes of the meeting held on 19 January 2021** The notes of the meeting held on 19 January 2021 were agreed as an accurate record and would be received at the next Open Board of Directors' meeting for information.	
ARC2021/ 04/27	**Matters Arising & Action Log** Members noted the actions arising from previous meetings, noting that a number of items were on today's agenda. The action log was updated.	
ARC2021/ 04/28	**KPMG External Audit Interim Report** Mr. Khangura provided an overview of their interim audit work to date in respect of the financial statements audit process for the year ending 31 March 2021 in line with the plan received at the last meeting, including an outline of the risk assessment and VFM approach. He confirmed that the interim audit has been completed but that, relative to the Accounts opinion, discussions are currently taking place regarding the valuation and technical treatment of the sale of Fulwood House to ensure this is in line with the	

	Group Accounting Manual and underlying Auditing Standards. It is anticipated agreement on treatment will be reached prior to submission of the draft accounts, to ensure best and fair value is recorded in the accounts at submission and within the rules. The remaining risks identified in the audit plan have been reviewed and no additional areas of concern are indicated at this time. With respect to the VFM conclusion, Mr. Khangura advised members that the initial risk assessment identified four key areas of consideration; two identified risks and two which will come out of the narrative in terms of how these issues have been considered. The two issues which have come out in the narrative of the opinion relate to the consideration of the write-off of assets under construction and procurement processes (particularly in relation to the aborted EPR procurement programme). He advised that their work in these areas has not identified any concerns and they are comfortable with the treatment and processes undertaken. Further information will be included in their final report back to committee. The two identified significant risks relate to financial sustainability, which refers to the uncertainty of the current NHS financial regime during Covid, and the outcome of the last CQC inspection which resulted in a qualified VFM conclusion last year, and a programme of work is being undertaken to test the arrangements in place to mitigate and address these risks. Mr. Khangura provided an update on the interim audit work relating to the review of systems and controls, and the operating effectiveness of the systems in place. He confirmed that this work had concluded, with no major control failures identified and no issues to report. As a well-led CQC inspection is imminent, Mr. Khangura advised that should this happen prior to the issue of the VFM conclusion, consideration will be given to delaying that conclusion in order that the outcome of the visit can be considered prior to completing the conclusion. The accounts conclusion will be unaffected. Members noted the interim report from Mr. Khangura, particularly the ongoing discussions regarding the valuation of Fulwood; VFM conclusion and the potential impact of the CQC unannounced visit, which may require a delay to the VFM conclusion being issued within the normal timescale.	
ARC2021/04/29	**Accounting Policies & Financial Reporting Manual 2020/21 Review (Update)** Mr. Easthope presented an updated briefing paper on the final Accounting Policy amendments following publication of the Annual Reports Manual, for inclusion in the 2020/21 Annual Report & Accounts, noting that an initial paper was received at the January meeting. The holding statement in respect of Note 1.2 Going Concern was highlighted and Mr. Easthope advised that this would be formalised once the committee had received and approved the Going Concern Report, later in the agenda. Mr. Easthope also advised that the section on CQUIN income may be removed from the final document in the light that CQUINs have been suspended during Covid. He further highlighted the change re Note 1.9.2 Measurement, and the fact that a desktop revaluation exercise had been undertaken at 31 March 2021, rather than the anticipated full exercise, again due to Covid. Following a query regarding the implementation of IFRS16 and potential impact, Mr. Easthope advised that while this is not a big issue for us, he would refresh the papers previously prepared in respect of this matter and include on the committee's forward planner for consideration/assurance.	PE

	Members noted the next steps and endorsed the proposed changes.	
ARC2021/ 04/30	**Draft 2020/21 Annual Governance Statement** Mr. Walsh presented the draft 2020/21 AGS which is part of the mandated year-end documentation and will form part of the final Annual Report. He confirmed that there are still elements of the report to populate and that it is intended, as in previous years, for this statement to be received at this Committee again in May in draft form and then for final agreement prior to approval by the Board in June. He particularly highlighted the section of the statement in relation to declarations made to the Information Commissioner's Office and confirmed that this would be completed in consultation with the Digital Information Governance Group. Mr. Walsh also noted that as in previous years, within the conclusion, a declaration regarding possible control gaps is required and while it is acknowledged that huge progress has been made in addressing previously identified issues, he believes the statement should reflect that, while they are being addressed, the significant internal control issues identified during 2019/20 continued to persist into 2020/21, largely due to the scale of work required to address these matters. Mr. Khangura advised that it would be prudent to make mention of the anticipated CQC unannounced inspection within the statement. Members formally noted the first draft of the AGS and agreed to provide any comment to Mr. Walsh by 4 May to be incorporated into next iteration to be received at May's meeting.	ALL
ARC2021/ 04/31	**Draft 2020/21 Annual Report** Mr. Walsh presented the draft of the 2020/21 Annual Report & Accounts narrative for consideration and comment. Members formally noted receipt of the first draft and the work undertaken to date. It was agreed to provide any comment on content to Mr. Solly/Mr. Walsh by 4 May to be incorporated into the next iteration to be received at May's meeting. A further draft would also be received by the Board at their May meeting.	ALL
ARC2021/ 04/32	**Losses & Special Payments Full Year Report 2020/21** Members noted receipt of the annual statement on the losses and special payments made during the year 2020/21, presented for their attention and assurance in respect of internal controls and to ratify the level of such payments made by the Trust during the period. Mr. Easthope confirmed while there was nothing of concern in the report, he asked members to note the increase in value of damage to buildings and the bad debt write off relating to a long outstanding historic irrecoverable debt (comprising of 178 invoices totalling £234,480) with the Sheffield City Council and for which there is a bad debt provision in place. He also confirmed that systems and processes are in place to ensure these issues are identified and, where necessary, these have been amended to avoid a recurrence. An anomaly was noted in the total case numbers in figure 1 which Mr. Easthope confirmed would be amended prior to inclusion in the Annual Accounts. Members noted and ratified this paper, with the assurance regarding the correction to the total case numbers prior to inclusion in the Annual Accounts and the consideration of lessons learnt from this report.	JS
ARC2021/ 04/33	**Final Going Concern Report** Mr. Easthope presented the updated Going Concern Report which he confirmed now reflects National Guidance issued since the draft report was received at January's meeting.	

	Members acknowledged the final Going Concern Report and agreed to recommend that the Board approve the preparation of the Annual Accounts on a going concern basis.	
ARC2021/ 04/34	**Material Estimates Paper (Property, Plant & Equipment) 2020/21** Mr. Easthope presented this item and noted the detailed assurance provided regarding the valuation of land and buildings as part of this process, particularly as a desktop revaluation process had been undertaken due to the on-going pandemic. He reiterated the one outstanding concern, which does not impact the content of the paper received by members, regarding the Fulwood House valuation and that discussions with the auditors are continuing in this respect. He confirmed that the paper provides a full and transparent view of the material estimates included within the draft Accounts and assured members that he would provide a reconciliation of any changes made between the draft and final Accounts as appropriate. In response to a comment from Ms. Keene, it was agreed that the 4th paragraph on page 8 of 14 would be amended to alleviate any confusion, in that the asset lives of buildings are deemed to be "materially" accurate. Following review, the committee were pleased to note and endorse the methodology utilised to determine carrying values of property, plant and equipment and provisions for the purposes of the draft Annual Accounts 2020/21.	JS
ARC2021/ 04/35	**Report from Digital Information Governance Group** Members acknowledged receipt of the Data & Information Governance Group (DIGG) escalation report and noted the key items of escalation, including an update on efforts being made to respond to a previous request from ARC in respect of potential IG benchmarking data in order to provide a comparison to the issues being experienced by SHSC. Mr. Easthope confirmed that DIGG are currently reviewing their meeting schedule and the required reporting timeframe in order that timely and relevant updates can be provided into ARC in line with the level of assurances required. It is currently proposed to provide bi-annual and annual reports into ARC, acknowledging that there will be instances when ad hoc additional reporting may be required to address exceptional issues. Members were keen to ensure that DIGG is well-aligned with other committees, not just ARC, given the wide-reaching range of its work. Following brief discussion, the Chair proposed that upon receipt of the next DIGG Escalation Report at ARC (July 2021), further consideration be given to the levels of assurance being received; explore any possible issues with reporting alignment with other committees and agree reporting timeframes. The committee formally accepted the report noting: • the status of the discussions regarding benchmarking information and the work being undertaken to secure this; • the level of risk currently being reported as a result of the recent Insight penetration test; • that the report from the Information Commissioner's Office is awaited; • that further consideration will be undertaken at July's ARC meeting regarding the reporting timeline from DIGG and any reporting alignment issues with other committees.	July 2021
ARC2021/ 04/36	**i. 360 Assurance Internal Audit Progress Report** Ms. Richards presented the progress report from 360 Assurance, confirming that since the last meeting, a further three reports have been issued: • Phishing Campaign – Phase 2 (advisory): Further actions to be taken have been agreed through DIGG. • Integrity of General Ledger & Financial Reporting – Significant Assurance: Two	

	low risk actions agreed. • Staff Engagement – Limited Assurance: There is an acknowledgement that the Trust has clearly recognised these issues and is taking a range of planned actions to address them in order to ensure a co-ordinated approach to learning from feedback and ensuring robust governance processes underpin staff engagement. A further five reports are at varying stages of completion. It was confirmed that while delivery of the agreed plan has been impacted by the pandemic every effort is being made to work with the Trust to complete the plan as swiftly as possible. Ms. Hawkes advised that they do intend to complete the work programme in order to issue the Head of Internal Audit Opinion Statement and she did not envisage any issues in this respect. Ms. Richards advised that the completion of first follow up actions stands at 81%, however, only 58% have been implemented on or before the original due date. She confirmed that the follow up rate is an area of consideration as part of the year-end Head of Internal Audit Opinion and at the present time the initial rating of this element is reported at moderate assurance. The completion of actions by the agreed due date and timely throughout the year was crucial to ensure there is no backlog of outstanding actions at year-end. Mr. Easthope advised that the Executive Team are aware of this issue and indeed receive regular updates at their weekly meetings to be able to raise awareness within their own teams. It is anticipated that this oversight will continue into next year, together with various check and challenge conversations regarding capacity to fulfil audit plan requirements and the agreement of action deadlines. In terms of ARC oversight on this position, it was suggested that should it become apparent action timelines are slipping, the relevant lead Executive be asked to provide assurances to the committee on delivery. Further discussion took place regarding committee oversight of internal audit reports, particularly those rated as limited assurance and it was agreed that while there are arrangements for these to be considered by the committees for follow up this is not always in a timely way. Mr. Easthope and Mr. Walsh agreed to amend the current arrangements to ensure that lead Executives attend relevant committees following issue of a limited assurance report to provide relevant assurance regarding delivery of agreed actions. The committee formally received the progress report, noting issues with completion of actions on follow up and that a change in the way outcome reports are reviewed will be introduced. **ii. 360 Assurance Counter Fraud Progress Report** Ms. Smith presented the counter fraud progress report detailing work completed since the last report in January, as part of the 2020/21 plan. She advised members that NHSCFA have now published the NHS version of the Government Function Standard 013, which sets the framework for counter fraud activities from 1 April 2021 onwards. The standards have been reviewed and further detail regarding compliance is outlined in the draft 2021/22 workplan to be received later in the meeting. Organisations are now required to identify and manage their own fraud risks and that this should inform the counter fraud workplan. Ms. Smith provided an overview of the prevent and deter work undertaken in conjunction with the Counter Fraud Managers Group, which has resulted in the development of new regular briefings that are shared nationally; as well emerging fraud alerts some of which have specifically arisen during the pandemic for follow up by SHSC for consideration by risk owners to determine any relevance and to inform	DW/ PE

	any potential pro-active work for 2021/22. Further to a query regarding the level of referrals during the year, Ms. Smith advised that a drop in the number of referrals has been recognised and a benchmarking exercise is planned in conjunction with the Counter Fraud Managers Group to demonstrate the number and type of referrals received during the pandemic to determine whether this drop in referrals has been experienced across the board. The outcome of this work, which will include trend information, will be received by ARC in due course. The committee noted receipt of the progress report and noted the intention to present a benchmarking report to a future meeting.	
ARC2021/ 04/37	**i. 360 Assurance Internal Audit 2021/22 Draft Plan** Members noted receipt of the draft 2021/22 Internal Audit Plan which has been drawn up following the planning workshop held early March within SHSC and subsequent consultation with relevant officers. The report identifies those core review areas excluded from the plan and reasons for exclusion. Ms. Richards confirmed that, as always, the plan will be kept under review to be able to address any emerging risks. The heightened prevalence of inequality and diversity issues across planning guidance was noted and it was suggested that further consideration may need to be given to these areas. It was agreed that this would be considered when reviewing the scope of planned reviews during the year and whether there are any relevant areas which could be incorporated. A suggestion was put forward that it may be appropriate to include a review of all the equality characteristics within the scope of the intended serious incident review. 360 Assurance agreed to follow this up as part of the scoping exercise for this audit. The committee approved the plan at 230 days as outlined in the paper, noting that it will be kept under review. **ii. 360 Assurance Counter Fraud 2021/22 Draft Plan** Members noted receipt of the draft 2021/22 Counter Fraud Plan. Ms. Smith confirmed that the plan has been developed in accordance with the requirements of the Government Function Standard 013: Counter Fraud, implemented within the NHS for the first time from April 2021. The plan received also provides an indication, where appropriate, of changes to the individual standards for ease of reference by members. Ms. Smith advised that, across the board, it is generally accepted that it is unlikely anyone will achieve full compliance with all the new standards this year. This year the NHSCF Authority have indicated that this is more of a benchmarking exercise to determine level of compliance. Therefore, the workplan received by members is aimed at working towards compliance with the standards. She indicated that the standard relating to risk has been identified as a particular problem. The standard asks that NHS Trusts manage their risks in line with their own policy, but also asks for them to review and score risks in line with the Government counter fraud methodology. Discussions are continuing with the Counter Fraud Authority and within the Counter Fraud Managers' Group to try to establish a way in which compliance can be achieved. As a result of this uncertainty, she advised that an element of the plan included a pro-active exercise, but the detail has not been included as this will be determined by the outcome of a number of counter fraud workshops to be held within the first part of the year.	

	As in previous years, Mr. Purseglove as the Trust's Counter Fraud lead will complete the self-assessment exercise in liaison with Mr. Sabin. This will then be presented to the Audit & Risk Committee for agreement prior to sign off by the Chair and submission. The committee approved the plan at 65 days as outlined in the paper, noting the intention to arrange a number of workshops to identify fraud risks. **iii. 360 Assurance Internal Audit 2021/22 Charter** Members noted receipt of the Internal Audit 2021/21 Charter.	
ARC2021/ 04/38	**360 Assurance Interim Head of Internal Audit Opinion Statement 2020/21** Ms. Hawkes presented the interim Head of Internal Audit Opinion Statement, noting that although a final overall opinion has not been provided, draft opinions in respect of the key elements are included as follows: BAF & Strategy Risk Management – Moderate Follow Up of Actions – Moderate The out-turn of the 2020/21 internal audit plan is the one outstanding element to be rated and will be determined following conclusion of the plan and Ms. Hawkes confirmed that they continue to work with the Trust deliver these audits. She advised that while this work is not completed, there is an indication of a governance theme through a number of the core audits which will be considered when determining the final rating. The interim HIAO Statement provides an overview of the work undertaken in these specific areas which Ms. Hawkes advised forms the basis of their rating. Members noted the interim HIAO statement and that the final assurance rating of a number of outstanding core audits will influence the final rating.	
ARC2021/ 04/39	**Risk Management Strategy Refresh** Members received the Risk Management Strategy which Mr. Walsh confirmed has been refreshed and is received for consideration prior to its submission to the Board in May for approval. He outlined the major changes to the strategy, which are summarised in section 2.1 of the paper received and the document received includes tracked changes for ease of reference. This refresh is informed by a number of specific sessions, including Board discussion on risk appetite. The escalation of risks with a score of 12 or above is reiterated but Mr. Walsh felt this may be impacted by discussion under the Corporate Risk Register agenda item later in the meeting regarding threshold levels. The strategy also proposes the development of the Risk Oversight Group which it is felt will provide key additional control as part of the governance of managing risks and oversee the application of the Risk Management Strategy, responding to many of the issues that have been identified through the year in a timely manner. Mr. Walsh also noted that regard has been paid to the scoring of finance related risks after it was highlighted that some risks in the CRR were scored higher than some Board members felt appropriate although in full compliance with thresholds within the existing strategy. He confirmed that upon review it has been determined that existing thresholds are consistent with good practice applied by NHS providers. Mr. Walsh confirmed that any pertinent findings of the current internal audit risk management review will, where appropriate, be incorporated into the final version received at Board in May. The committee formally noted the refresh of the Risk Management Strategy and that	

	any specific comments should be directed to Mr. Walsh by 4 May 2021. Mr. Walsh confirmed the Strategy will be represented to May's ARC meeting should the level of change require this. On this basis, members agreed the submission of the refreshed strategy to Board for approval.	
ARC2021/ 04/40	**Board Assurance Framework 2020/21** Mr. Walsh presented the 2020/21 Board Assurance Framework and referred members to the newly introduced BAF snapshot in section 2.1, the detail of which is included in the BAF appendix. Members noted the two significant changes to the BAF since the last formal presentation, specifically in respect of BAF0002 and BAF0006. It was noted that the report also includes an indication of the draft 2021/22 BAF risks and Mr. Walsh advised that it is anticipated that these will have been finalised for formal receipt at the May meeting. Mr. Walsh confirmed the intention is to review and assimilate any outstanding risks onto the new 2021/22 BAF and that any anomalies will be risk assessed and subsequent treatment determined with clear justification. Indeed, the Quality Assurance Committee have already commenced this process in terms of their committee specific risks on next year's BAF. The Chair specifically asked that consideration be given to the high level of amber rated effectiveness controls, presumably linked to static risks, and how these can be tracked and addressed to improve effectiveness. On behalf of the Committee, the Chair formally noted the year end position on the 2020/21 BAF, together with the draft 2021/22 BAF risks. She welcomed a reconciliation between the 2020/21 position mapping onto 2021/22 risks and that any anomaly will be discussed further to ensure clarity on treatment. A request to consider improving the effectiveness of controls was also noted.	
ARC2021/ 04/41	**Corporate Risk Register 2020/21** Mr. Walsh presented the updated Corporate Risk Register for members' review, noting that this has been updated since its consideration by Board on 12 March 2021. He referred members to the CRR snapshot provided within the paper. As referred to previously, Mr. Walsh noted that there are a number of risks on the CRR with a score below 12 and asked whether the committee had a view on whether the threshold is correct. Following discussion members generally supported the threshold remaining at 12 but asked that relevant process and assurance is put in place to ensure that any risk scored below 12 is appropriately managed at a directorate risk register level until such time as it can be closed, rather than remaining on the CRR for oversight. The committee formally agreed that the threshold should remain at 12 with the understanding that a number of lower rated risks remain on the CRR until the appropriate level of assurance and robust evidence has been provided to facilitate its de-escalation.	
ARC2021/ 04/42	**Emergency Preparedness Resilience & Response Assurance Framework Update** (*Mr. T. Geraghty, Emergency Planning Officer, in attendance)* Mr. Geraghty provided an update for the committee in respect of EPRR compliance and progress against the assurance framework standards, together with an update on the EU transition. He confirmed that following Board approval we reported compliance with the three broad themes of the 2020/21 assessment, which were:	

	• progress made by organisations that were reported as partially or non-compliant in the 2019/20 process – self-assessment; • the process of capturing and embedding the learning from the first wave of the COVID-19 pandemic – evidence based per January's EPRR update; and • inclusion of progress and learning in winter planning preparations – evidence based per January's EPRR update. Mr. Geraghty advised that two remaining standards from the 2019/20 which were partially met relate to lockdown plans and data protection security, are still to be fully met and outlined the plans in place and being implemented to ensure full compliance can be reported. Notification of the 2021/22 core standards is awaited and Mr. Geraghty advised that it is intended for Trust Emergency Planning Officers from across the region to work collectively in providing responses and further detail of this working arrangement is awaited. He noted that having met the required standards for 2020/21, focus remains on dealing with the challenges of the pandemic and the incident control room remains in operation until at least September; to meet the outstanding actions from the previous year as soon as it is safe to do so, capturing and embedding the learning from the pandemic into our plans and incorporating any new directions on exercising and plans into the EPRR work programme. Mr. Geraghty confirmed that the impact of the EU transition continues to be monitored and any issued addressed as and when they arise. The Committee acknowledged the update provided and expressed thanks to Mr. Geraghty and all those involved in the management of the pandemic arrangements.	
ARC2021/04/43	**Annual Report on Policy Management** Deferred.	
ARC2021/04/44	**Well Led – Corporate Governance Structure Review Update for Groups reporting into Audit & Risk Committee** The committee received an update on the work to review the corporate governance programme and structure. As part of this work terms of reference have been updated and are received for the committee's approval for the following groups: Policy Governance Group Digital Information Governance Group Risk Oversight Group (new group) The committee formally approved the terms of reference presented to them, acknowledging that further discussion and agreement will be required on reporting requirements into ARC. A query was raised regarding the narrative in section 9 of the terms of reference which appears to be standard in all TOR, regarding the minutes being available to the parent body. It was agreed that clarity would be sought on what this infers in terms of the ARC work programme.	DW
ARC2021/04/45	**Audit & Risk Committee: Annual Review of Committee Effectiveness 2020/21** As part of the ARC programme of work, the committee undertakes an annual review of meeting effectiveness by use of the HFMA Audit Committee Handbook self-assessment questionnaire. In view of the limited amount of time available to complete this exercise during the meeting, it was agreed that the Chair, Mr. Easthope and Mr. Walsh would complete the questionnaire for consideration at the May meeting. This approach was formally approved.	DW
ARC2021/04/46	**Audit & Risk Committee – Annual Review of Terms of Reference** The committee noted that the review of ARC terms of reference are part of the overall	

	governance review currently taking place and would be received as soon as this element of the work is concluded.	
ARC2021/ 04/47	**Compliance Against Provider Licence Conditions** Members acknowledged receipt of this report which provided detail of the proposed annual submission in respect of compliance against Provider Licence Conditions G6(3), FT4 and CoS7, noting the recommendation that compliance is once again only declared against condition CoS7 Availability of Resources. Following consideration, the committee agreed the proposed submission for recommendation to the Board for approval.	
ARC2021/ 04/48	**Single Tender Waivers** Members noted receipt of the following single tender waivers approved by the Executive Director of Finance: i. CTW 20/21 – 12 Cognitive Behavioural Therapy ii. CTW 20/21 – 13 Audio Visual/Video Conferencing Equipment, Clinical Services iii. CTW 20/21 – 14 Lift, Wardsend Road iv. CTW 20/21 – 15 Provision of Phase 2 QI Work v. CTW 20/21 – 16 Software Developments CQC & Mandatory Requirements vi. CTW 20/21 – 17 Software Development Maintenance vii. CTW 20/21 – 18 Development of Physical Health Platform Mr. Easthope provided assurance that action had been taken to mitigate some of the controls and procurement routes where necessary.	
ARC2021/ 04/49	**Any Other Business** None.	
ARC2021/ 04/50	**i. Committee Effectiveness** Agreed that the Chair's summary at the end of each item was a helpful contribution to the effectiveness of the meeting. **ii. Significant Issues/Issues for Escalation** • Year-end financial and governance statements • Interim Head of Internal Audit Opinion statement • Approve the 2021/22 Internal Audit & Counter Fraud Plans • Agreed that the significant issues report would be compiled following discussion between the Chair, Mr. Easthope and Mr. Walsh. **iii. Changes in Level of Assurance** Following consideration of the items on today's agenda, noted that an overview of the closedown of the items on the 2020/21 BAF and their mapping onto the 2021/22 BAF will be provided. No change in levels of assurance were requested in respect of the final 2020/21 Board Assurance Framework. **iv. Review of Future Meeting Agenda** To be undertaken outside of the meeting.	

Date and time of next meeting: Tuesday, 18 May 2021 @ 1.00 p.m.
Apologies to: Jeanine Hall, PA to Chief Executive & Executive Director of Finance
Tel 2716716; email Jeanine.hall@shsc.nhs.uk

May 2021 Approved AD

Sheffield Health and Social Care NHS Foundation Trust

Mental Health Legislation Committee

UNCONFIRMED Minutes of the Mental Health Legislation Committee held on Tuesday 13 April 2021 at 11am. Members accessed via Microsoft Teams Meeting.

Present: (Members)
Mike Potts, Trust Chair (Chair)
Anne Dray, Non Executive Director

Dr Mike Hunter, Executive Medical Director
Sandie Keene, Non Executive Director
David Walsh, Director of Corporate Governance

In Attendance:
Salli Midgley, Director of Quality
Jamie Middleton, Lead Social Worker
Julie Sheldon, Head of Nursing, Community and Acute Services
Dr Jonathan Mitchell, Clinical Director
Dr Robert Verity, Clinical Director
Dr David Newman, Clinical Director *(joined 12 noon)*
Sharon Sims, PA to Chair and Director of Corporate Governance (Minutes)

Apologies:
Lorena Cain, Lead for Restrictive Practice
Emma Highfield, Head of Nursing Community & Acute Services

Min Ref	Item	Action
MHLC21/04/001	**Introduction and Welcome** The Chair welcomed everyone to the inaugural meeting of the Committee.	
MHLC21/04/002	**Apologies and confirmation of quoracy** Apologies were noted and the Chair confirmed the meeting was quorate.	
MHLC21/04/003	**Declarations of interest** No declarations were made.	
MHLC21/04/004	**Presentation - Introduction to Mental Health Legislation** Members received a presentation for information. Dr Mike Hunter delivered a presentation, an overview of Mental Health Legislation including the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and Mental Health Act 1983 (MHA). <u>Key presentation points:</u> • Statute law in relation to mental capacity, including the default presumption of capacity and its legal testing. • The principles of Least Restriction and Best Interests in those who lack mental capacity in relation to specific decisions, and the importance of specificity. • Powers of Attorney and Advance Decisions to Refuse Treatment. • Advocacy, including Independent Mental Capacity Advocates. • The role of the Court of Protection. • The distinction in core purpose between the Mental Capacity Act and the Mental	

Health Act.

- The powers of the Mental Health Act to detain and treat people, potentially including those who are capacitous and refusing, under the direction of the Responsible Clinician.
- The commonly used sections of the Mental Health Act, including civil and forensic sections, and their correct application, including the roles of Section 12 doctors and Approved Mental Health Professionals (AMHPs).
- An overview of Consent to Treatment under Part 4 of the Mental Health Act.
- Community Treatment Orders, including their correct application, recall and revocation.

The Chair thanked Mike Hunter for this presentation and was mindful that the Non Executive Directors on this Committee and himself as the Chair needed a level of understanding for assurance.

Sandie Keene asked how emergencies were covered. Mike Hunter advised there are several emergency sections. A Section 4 could be applied by any fully registered (with a licence to practice) Doctor with an Approved Mental Health Professional. A Section 136 can be applied by a Police Officer to being an individual to a place of safety. Mike Hunter advised there were also Sections that applied to absconding from hospital, entering people's homes and the urgent detention of inpatients.

Mike Hunter added that it would be important for Committee to agree measures to seek assurance on the use of the MHA in the Trust, including how different sections were being used across the Trust.

Anne Dray was mindful there were some time periods referenced for detention, and asked if the Trust had robust systems that recorded, monitored and triggered reminders to ensure lawful detention. Mike Hunter advised that this is carried out by the Mental Health Act office and that Insight did not have a facility for flagging. The Chair asked how can Board be assured the Trust was meeting its obligations. Mike Hunter advised there was currently quarterly reporting, which would now transfer from Quality Assurance Committee to Mental Health Legislation Committee, and could be escalated to Board to triangulate with board visits, complaints, serious incidents and other indicators within the Board's Integrated Performance and Quality Report.

Dr Jonathan Mitchell reported that the MHA Office had a system for reminders and from a clinical perspective it worked but was mindful if could be more robust. In relation to reporting, the data collection was laborious and reliant on individuals. He had been in discussion with the Director of Quality and Head of Mental Health Legislation to ensure future reports met the assurance requirements.

The Chair asked if there was a structure that identified key professions responsible for administering the legislation. He had attended the Associate Mental Health Act Managers (AMHAM) meeting and had met some of its members. Mike Hunter described the roles of doctors, including section 12 approved doctors, Approved Mental Health Professionals, Responsible Clinicians (including non-medical Responsible Clinicians). The Chair asked for clarity on the role of a best interests assessor and if there were other professionals that he needed to mindful of. Mike Hunter advised that assessors were linked to the MCA focussed on determining the best interest of those who lack capacity in relation to a particular decision. Salli added that registered nurses should be included in the list of professions, including their roles in the receiving of detention papers and explaining the rights of detained patients.

	Jamie Middleton added that there were also Independent Mental Health Act Advocates who supported individuals to ensure their Human Rights were upheld He offered to produce a glossary of the terminology and brief summary on each role. Mike Hunter also suggested limiting the use of abbreviations. Sandie Keene asked if the data and demographics on detained service users was published in any reports. Salli Midgley advised that Insight had limitations and this was a topic of her discussion with Jonathan Mitchell in relation to datasets, and something that they would develop. **Committee to receive a glossary of MH Legislation terminology from Jamie Middleton** *Julie Sheldon left the meeting*	JMid
MHLC21/04/005	**Terms of Reference – Mental Health Legislation Committee** The Committee received the draft Terms of Reference and were asked to comment. The Chair referenced <u>Section 3 Authority/Accountability</u> - *The Committee is authorised by the Trust Board to make decisions that are not reserved to the parent body. Reference should be made, as appropriate to the Standing Orders and Standing Financial Instructions of the Trust.* He asked if there should be specific Scheme of Delegation for this Committee. In response to the Chair's query, David Walsh advised that the paragraph had been included as assurance to ensure containment within the Trust, and was adequate for this purpose. Anne Dray asked if there was a requirement to include any reference to the Trust's roles in the Provider Collaborative (Forensic Services). Dr Mike Hunter did not believe there should currently be reference, this Committee was internal to provide assurance to the Board that the Trust was meeting its Mental Health Legislation obligations. Mike added that a Quality Framework would support the Provider Collaborative and that each Trust had its own legal responsibility as a detaining authority. Sandie Keene asked for clarity on which Committee was overseeing the work of the Provider Collaborative. Mike Hunter advised that Transformation Board reports into Finance and Performance Committee. Salli Midgley advised that there would be a framework to support the Provider Collaborative with a delegated scheme for holding to account, and would require agreement from all parties. She would expect the Trust as a Commissioner to receive quarterly reporting from other providers regarding their own governance processes, including those related to Mental Health Legislation. Salli Midgley suggested that the Director of Operations and Transformation join Committee. **Committee received, discussed and approved the Terms of Reference**	DW
MHLC21/04/006	**Work Plan including 360 assurance plan** The Committee received the plan for information and discussion. Salli Midgley reported that the content focused on the internal audit and the work programme. A number of risks were identified from the audit which included engagement with clinical directorates, ownership of the Mental Health Legislation agenda and the recording of actions in a number of groups. The progress against the actions was detailed in the report.	

	Salli Midgley believed there was more work to do on the work plan, the Key Performance Indicators (KPI's) and standing items to be included for the purpose of this report. She also asked Committee to consider the scheduling of the meeting to ensure timely quarterly reporting. The Chair whilst mindful the corporate calendar had been revised asked if routine reporting had been considered. David Walsh advised that the work undertaken by Charis had focused on receipt of the Integrated Performance and Quality Report (IPQR) at Quality Assurance Committee and Finance and Performance Committee. The Mental Health Legislation Committee had been scheduled to alternate with People Committee who meet bi monthly to ensure avoidance of two committees on one day. Dr Mike Hunter believed the gap to the proposed next meeting of the Mental Health Legislation Committee in August was too long and suggested the next meeting should be June 2021 to receive Quarter 4 reports, then scheduled quarterly. Q1 September, Q2 December and Q3 March). David Walsh agreed to review the schedule. **Committee received and noted the report and that further work was required to develop the workplan.** **Committee agreed to review the meeting schedule to ensure alignment for quarterly reporting. Committee agreed to hold the next meeting in June 2021**	SM DW/SS
MHLC21/04/007	**Terms of Reference - Mental Health Legislation Operational Group and Least Restrictive Practice Group (DRAFT)** The Committee received the Terms of Reference for the Mental Health Legislation Operational Group and the Least Restrictive Practice Group. Salli Midgley reported that the terms of reference for the above groups reporting into Committee were in draft for comments. Anne Dray referenced Section 9 – Minutes and Reporting Arrangements on both sets of Terms of Reference and noted that it states that the minutes of the meeting will be submitted to the parent body. She would not expect the minutes of groups reporting into Committee to be seen by the Board. She also queried the term "parent body". Sandie Keene added that she had read parent body as this Committee. David Walsh believed that the terminology in the TORs had been introduced as part of the current governance review. **Committee received and approved the TORs for the two groups, with the following amendment, to seek clarity on who the parent body referred to and make amendment to reference either a Board Committee or the Board. The fundamental point being that these Groups reported to the Committee and not the Trust Board, and that the Terms of Reference would be amended as necessary to reflect that arrangement.**	DW
MHLC21/04/008	**Mental Health Legislation Risks** Committee received a report detailing Mental Health Legislation risks for approval Salli Midgley reported that a number of risks had been identified. • Insight had been identified as a key risk in relation to oversight and management of mental health legislation specifically related to alerts and recording of data. • Shortfall in the number of Associate Mental Health Act Managers (AMHAMs), and more capacity would be required as meetings move from being virtual. Planned recruitment would need to be scheduled, Salli Midgley was also aware that AMHAM training had also been on hold through the pandemic. • Current assurances are predominantly self assurance direct from the wards and	

	require a more robust process. • New risk relating to the impact on capacity in the North Recovery Team (related to vacancies in Responsible Clinician roles) Salli Midgley asked Committee to consider the risks and welcomed comments, a report would be presented to Committee quarterly. David Walsh reported that he would ensure that this Committee and the identified risks are added to the Ulysses system and aligned to other committees for the reporting of the Corporate Risk Register. The Chair asked how Committee could be assured there are enough AMHAMs and Section 12 Doctors to fulfil the obligations of the legalisation and would like Committee to receive workforce data. Dr Mike Hunter reported that there was a vacancy in Recovery Team North. Dr Rob Verity advised that post had been advertised and he would anticipate a return to full establishment within 3 months. **Committee received and noted the risks that had been identified** **MHLC will be added to the Ulysses system for Corporate Risk Register Reporting on a quarterly basis.**	DW
MHLC21/04/009	**Preparing for Liberty Protection Safeguards (LPS) – Approved Mental Capacity Professionals** Committee received a report for information. Jamie Middleton reported there would be changes to the Mental Capacity Act (MCA) from April 2022 with the introduction of Liberty Protection Safeguards (LPS) to replace Deprivation of Liberty Safeguards (DOLS). The codes of practice have yet to be published, but Jamie was aware that there would be more responsibility placed on NHS trusts than currently. He believed an implementation plan was required to support the changes and recommended the establishment of a working group. Assurance will be required on the robustness of the IT system in relation to recording and monitoring. A training package would also need to be delivered to all the staff groups involved in LPS. Jamie advised that the role of the Approved Mental Capacity Professional is currently undertaken by Local Authority Best Interest Assessors. If, under the proposed changes, NHS trusts are given more responsibility, the Trust would need to consider who would fulfil this role and the potential workforce implications. The Board also need to consider delegated authority to fulfil the statutory requirements of the MCA. Jamie Middleton added that preparation was key to ensuring the Trust did not find itself with unlawful detentions. The Care Quality Commission (CQC) would regulate and inspect the management of LPS. Sandie Keene asked if there was connectivity across the city and into Integrated Care System (ICS). Jamie Middleton was aware of the Mental Capacity Action Network, that due to the pandemic had not fully established itself. He would be liaising with the DoLS lead at the Local Authority with a view of sharing best practice, because this was new for everyone there were no established experts that could be used as a resource and questions had been raised in relation to training. Dr Mike Hunter believed the formalisation of LPS was important and added that the changes to the MCA and MHA are focused on protecting the rights of those subject to restrictions. There would be different ways of working and skill mix required to manage the increased workload and that People Committee also needed to engage and be assured of a recruitment campaign to support the statutory responsibilities.	

	Committee received the report and noted the changes to legislation and the need to ensure preparedness for April 2022. **Committee agreed to the establishment of a working group to implement the changes for LPS.** *Salli Midgley left the meeting*	JMid/AC
MHLC21/04/010	**Reforming the Mental Health Act - White Paper consultation** Committee received a report for information. Dr Mike Hunter reported that a review of the Mental Health Act had resulted in the publication of a White Paper in January 2021. There are a number of proposals. Mike Hunter noted the key areas of change related to the following: • Changing the statutory criteria for detention to remove learning disability as a primary criterion. • Significantly greater legal scrutiny of the care plans of detained patients, including by the Mental Health Tribunal Mike Hunter advised that Committee had received two reports, the first (8a) outlined the areas of the consultation and the second (8b) focused on the responses to the consultation in SHSC, which had included feedback from Allied Health Professionals and Medical Workforce. Associate Mental Health Act Managers and Approved Mental Health Professionals had also contributed, the latter via the Local Authority. Mike Hunter suggested that this report formed the basis of the Trust's response and that the content is uploaded to the consultation website. **Committee received the report and noted the content.** **Committee agreed that paper 8b formed the Trust's response.** Anne Dray referenced Pg 5 of the report noting the removal of Police cells as a Place of Safety and asked if there were implications. Jamie Middleton believed it would positively impact on the potential for restrictive practice. The Police cells are currently only used in exceptional circumstances to hold violent or aggressive individuals.	MH
MHLC21/04/011	**Meeting Evaluation** <u>Annual Work Programme</u> The Chair reported that the work programme was in development and would be shared with Committee at the next meeting. <u>Significant Issues to report to Board</u> • Preparedness for the Liberty Protection Safeguards (quality, workforce and financial impact) • Risks re the IT System in relation to recording and monitoring. • Committee approval of the Trust's response to the consultation to the White Paper: Reforming the MHA <u>Changes in levels of assurance</u> Nothing to note or changes in levels of assurance	SM

Date and Time of Next Meeting:
Tuesday 8 June 2021
12 Noon to 1:30pm

Apologies To: Sharon Sims, PA to the Chair and Director of Corporate Governance